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ABSTRACT

A companion publication to California's Family Day Care Training Curriculum, this resource manual is designed to help others replicate the child care provider training project and establish a child care network. The manual consists of seven sections. The first section provides an introduction. The second summarizes experiences of the agency that implemented the curriculum, the Union of Pan Asian Communities. Section 3 deals with general child care requirements of the states where there are large populations of Indochinese refugees. The fourth section describes what providers need to know to be able to offer high quality child care. Section 5 shows the provider how to do business in an effective way. Section 6 lists child care resources that can assist any agency which needs information on Indochinese refugees. Section 7 provides a bibliography. Added to some of the sections are tips on Indochinese culture, which may be helpful to any organization or individual planning to work with Indochinese refugees. (RH)

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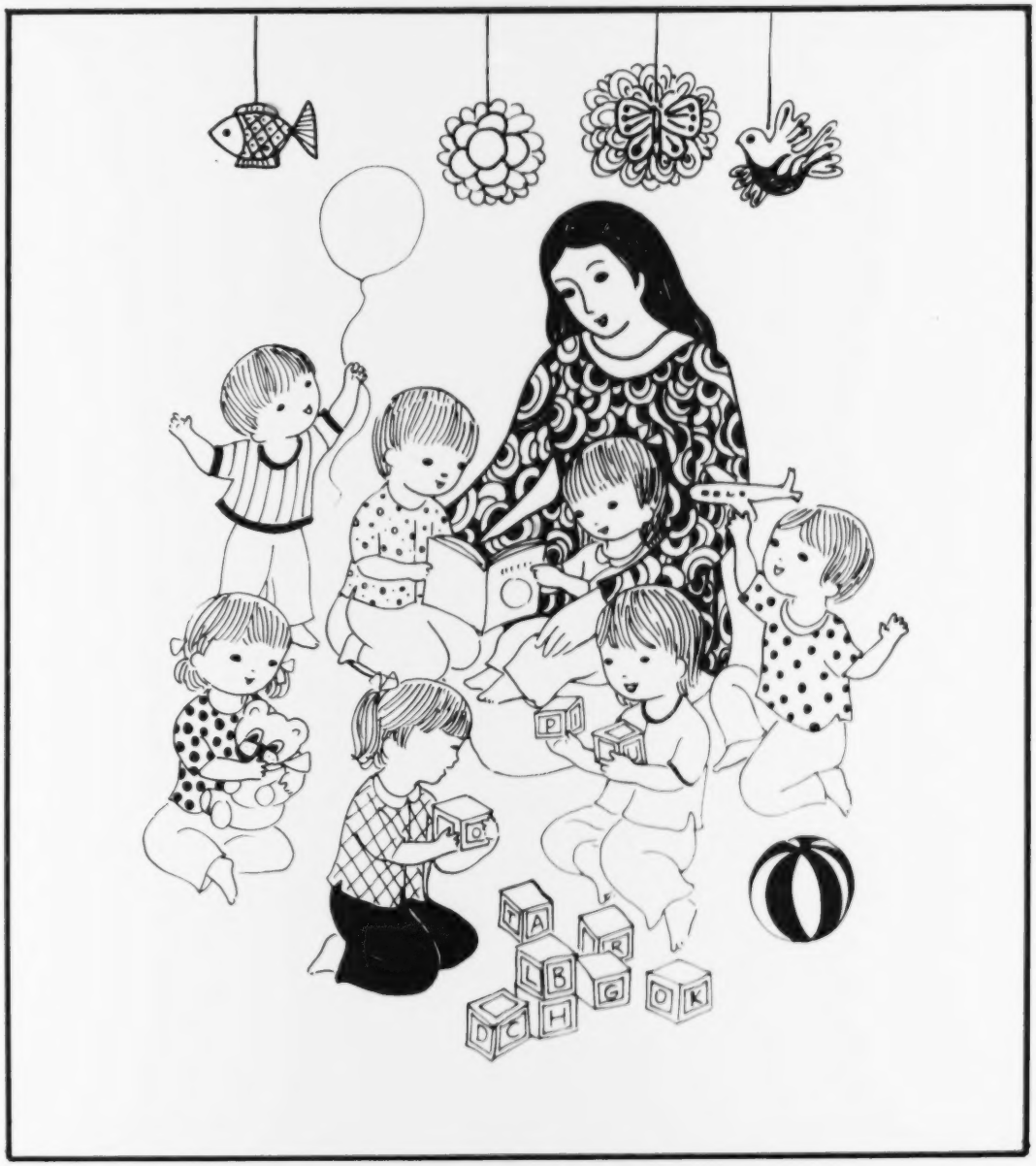

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UNION OF PAN ASIAN COMMUNITIES

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I. INTRODUCTION AND ACKNOWLEDGEMENT

After starting the childcare licensing training in 1984 for Indochinese women in San Diego, the Union of Pan Asian Communities (UPAC) realized the need for relevant material in the refugees' own languages which would be appropriate for the limited English proficiency and limited formal educational background of the participants. With this intent, UPAC compiled the Family Day Care Training curriculum in three languages: English, Lao and Vietnamese. This curriculum has been used for three years by over one hundred Indochinese childcare trainees, and was published recently through a grant from the Department of Health and Human Services.

The Indochinese Childcare Training Resource Manual is a campanion publication designed to guide others in replication of the childcare provider training project and establishment of a childcare network. The manual includes seven sections:

- Section I is the introduction and acknowledgement.
- Section II summarizes experiences gathered by UPAC since the Indochinese Childcare Training Program began.
- Section III deals with general childcare requirements of the states where there are large populations of Indochinese refugees.
- Section IV describes what any provider needs to know to be able to provide high quality childcare.
- Section V shows the provider how to do business in an effective way.
- Section VI provides a list of childcare resources to assist any agency which needs information on Indochinese refugees.
- Section VII is a bibliography.

Added to some of the sections are "Tips On Indochinese Culture," which may be helpful to any organization or individuals working, or about to be working, with Indochinese refugees.

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II. HOW TO SET UP AN INDOCHINESE CHILDCARE TRAINING PROJECT

The Union of Pan Asian Communities (UPAC) would like to share our experiences with any agency, organization, or individual interested in setting up a similar childcare training project to help Indochinese refugees to provide family day care. This section includes information on staffing, outreach, participants and training. These experiences may not be applicable in all situations, however, they provide some helpful information.

A. STAFFING

The training project was under the direction of a project director whose responsibilities included development of the curriculum and training materials, liason with both the State and County Department of Social Services, supervision and reporting to the funding agency. The director was assisted by bilingual trainers who performed the outreach and recuiting tasks. The bilingual trainers were the primary contact with the participants. The trainers also taught and translated. Since the project was designed to provide assistance to Indochinese refugees who have limited command of English, billingual Indochinese personnel who share cultural and language backgrounds of the participants were needed to staff the project.

1. **Qualification for Project Director:**
   - Experience in childcare including knowledge of childcare regulations and child development.
   - General knowledge of Indochinese culture and civilization.
   - Ability to work with other agencies directly or indirectly providing childcare services.
   - Have good organizational skills to coordinate project activities, set up training schedule, etc.

2. **Qualifications for Bilingual Trainer:**
   - The staffing depends on which target group(s) are being served. For example, if the target groups are Vietnamese and Cambodian, at least one Vietnamese and one Cambodian on staff is necessary.
   - Ability to speak English and native language fluently.
   - Awareness of cultural differences between American society and prospective participants' culture.
   - Have good communication skills.
   - Possess a good reputation in his or her community.
   - Able to work flexible hours.
   - Willing to reach out.
   - Have own transportation.

B. ADVISORY BOARD

A Childcare Advisory Board can be very beneficial. The Board members, with their experiences and contacts, can be a valuable resource. They can:

- Give advice on project activities.
- Provide up-to-date information on childcare.
- Give feedback on how the project has been performing.
- Provide technical assistance on a variety of subjects such as how to apply for the USDA food program.

The Advisory Board should meet at least once every three months (Quarterly Board meetings). Advisory Board members should be chosen because of their knowledge and expertise about childcare and refugees. They may

be representatives from the Department of Social Services, have childcare experiences, or be involved in agencies serving Indochinese refugees. Above all, commitment and interest in the project were important factors.

C. OUTREACH

UPAC used various strategies to outreach and recruit Indochinese refugees for the childcare training project. Generally, a diverse approach would be more successful than using only one or two means of outreach.

1. Newspaper

Generally, each community — Cambodian, Lao, or Vietnamese — has its own newspaper, magazine, or newsletter to serve as a link among its people. Placement of advertisements in ethnic media to recruit people is usually free of charge.

2. Flyers

Flyers can be distributed to places commonly accessible to Indochinese people such as ethnic markets and restaurants, churches and temples regularly attended by Lao, Cambodians, and or Vietnamese.

3. Telephone

A personal telephone call should be made by the staff member who speaks the language of the prospective participants. This is the most effective way to recruit. A majority of newly arrived Indochinese refugees cannot speak English and they may hang up the phone when they hear an unfamiliar language.

4. Referrals

Referrals of friends and relatives of past or prospective participants are an excellent way to outreach or recruit. An individual interested in joining the project can more easily involve her friends or relatives in the project. This proves to be true particularly for Indochinese people who feel a sense of security and comfort by having those whom they know and trust "going the same way" and doing the same thing.

5. Home visits

Home visits are also an effective way to outreach and recuit participants. Many Indochinese are more comfortable talking about personal matters in the privacy of their homes.

D. PARTICIPANT PROFILE

From August 1984 until 1987, the UPAC Occupational Skills Training Project trained over 100 Lao and Vietnamese childcare providers. A majority of them have been providing childcare since they have been licensed. While the Vietnamese population is much larger than the Lao population in San Diego, a great majority of those participating in the training program have been Lao (80%). There are several reasons to explain this situation.

Unlike Lao women, Vietnamese women are more interested in working out of the home. Such fields as electronics, computer technology and the like are popular and considered more desirable because these occupations provide benefits such as vacations, sick leaves, promotions etc. Of twenty licensed Vietnamese providers, only seven remain in business while the others have left for work in factories, restaurants or other fields. The percentage of Vietnamese women going to school, either college or university, is much higher than the percentage of Lao women. It is harder for Lao women to find jobs than for Vietnamese women because they have fewer marketable skills. Many Lao women have a rural background.

Licensed Lao providers, however, have continued with childcare. Over 90% of the Lao providers have no intention of giving up their childcare business.

The project endeavored to train Cambodian women in San Diego to obtain a family day care license without much success. Although extensive outreach and recruitment was carried out, there was a lack of interest. Of those who were interested, few homes were able to meet licensing requirements.

The objective of the project is to help secondary wage earners obtain child care licenses and to add to the family income through childcare. Eligibility criteria included:

1. Cambodian, Laotian, or Vietnamese.
2. Refugee status and on public assistance.
3. Able to meet the state licensing requirements of:
   - Proof of a negative TB test,
   - No criminal record,
   - Safe and sanitary home,
   - Sufficient finances to maintain business for a period of time.

E. TRAINING

The purpose of training is not only to assist providers to acquire childcare license but also to provide them with knowledge of quality childcare. To attain this goal, UPAC held two phases of training. The initial phase was intended to help participants meet the requirements for obtaining licenses, and the second phase provided supplementary training to upgrade the quality of childcare.

1. Initial Training

The complete curriculum of the initial phase is published as a separate reference, *Union of Pan Asian Communities, Family Day Care Training Curriculum.* The duration of the initial training was between six and ten weeks and covered such topics as:

- Introduction to Family Day Care.
- State License Requirements.
- License Application Procedure.
- Preparing the Home.
- Awareness of Health and Sanitation.
- Nutrition.
- Setting Financial Policies.
- Recruitment of Children to Care For.
- Communication Skills with Children and Parents.
- Handing Behaviorial Problems.
- Coping with Emergency Situation.
- Basic Business Management.

2. Supplementary Training

The purpose of the supplementary training was to provide continuing education to the providers in order to insure high quality childcare. Topics covered in the supplementary training included:

- Cardio-pulmonary Resuscitation (CPR).
- Usage of 911 Emergency Number.

- Accidental Poisoning Prevention.
- Child Nutrition Program.
- Use of Public Library Resources.
- Easy-To-Make Toys.
- Income Declaration and Filing Federal and State Income Taxes.

3. **Support Services**

Because most newly arrived Indochinese refugees do not have their own transportation and do not speak English fluently, the project provided support services in order to access the program.

a. **Arrange Transportation**

Staff members can either provide transportation or arrange for transportation. The project reimbursed staff who provided transportation. Participants were provided with a small stipend to help defray the cost of travel to the training site.

b. **Provide Translator**

Bilingual staff were available to provide translation to access other agencies such as Licensing. The training was provided in the participants' language.

c. **Provision of Childcare**

Most participants had children under six so arrangements were made to provide childcare during the training. This was paid for by the project.

4. **Schedule and Location of Training**

The initial training phases were conducted in the participants' homes. Recruitment was organized along neighborhood lines so that the participants could be grouped geographically for convenience. The training sites were rotated among the participants and a small stipend was given to the hostess to cover the cost of refreshments. Using the participants' homes as training sites was beneficial for several reasons. Licensing requirements could be easily demonstrated in a real situation and the participants felt more comfortable in this setting as opposed to a more formal setting. The sessions were scheduled in the morning while school-age children were away. Because supplementary training was intended for those who are licensed, that is, those who are providing childcare, the training was held at such a time as not to interrupt their business operation, i.e., evenings, Saturdays, and/or Sundays.

F. REFUGEE CHILDCARE NETWORK

Because the project participants were limited English speakers and relatively new to this country, the project continued contact even after the participants received their childcare licenses. The project kept providers involved in various ways:

1. **Making Regular Contacts**

The project staff made regular contact with the participants which gave the providers a sense of being a member of a network and a feeling of concern and caring by the agency which trained them.

2. **Offering Assistance**

Due to the lack of English proficiency and knowledge of American society, many providers may be confused or be apprehensive when they receive official communication from the childcare licensing authority or when there is a scheduled home inspection by the Department representative. The project can help by:

- Serving as translator during home inspection by the Department or licensing agency.
- Helping to fill out the renewal application form, tax declaration form, etc.
- Referring children to providers if possible.
- Serving as a liaison between the provider and Welfare Department when possible.

3. **Making Home Visits**

Perhaps this is the most effective way to assess how the childcare provider has been doing and to strengthen the link between the project and provider. However, home visits should not be made in a manner that gives the impression that the project is doing an inspection of their homes or their financial situation in order to report to the licensing authority or Welfare Department.

4. **Newsletter**

Another way to maintain contact between the project and providers is through a Newsletter which, besides serving as a link between the project and providers, has other advantages:

a. **Advertising**

Upon their request or with their agreement, the providers' names, addresses, and telephone numbers can be placed in the newsletter which can be mailed out to many families in the community. Those who have the need for childcare would easily find appropriate places for their children. Thus, the newsletter not only helps providers care for more children, but it also offers an opportunity for parents to select the best facility and provider for their children.

b. **Additional Training**

Each issue of the newsletter focused on a specific topic such as Child Development, Education, Nutrition, or Recreation etc. Providers, even though home bound, can improve their knowledge of subjects necessary for their business.

c. **Recruit Participants**

The newsletter can be used to recruit additional participants for the childcare training program. The presence of the newsletter in the community reminds people of the program.

III. GENERAL CHILDCARE REQUIREMENTS

Generally speaking, state childcare regulations are identical except for some minor variations. They usually contain the following requirements:

- Application Qualification Requirements,
- Standards for Physical Plants, Health and Safety,
- Requirements for Child Admission,
- Treatment of Children,
- Other Requirements.

The following summary was drawn from the licensing regulations of the states of California, Texas, Illinois, Washington, Virginia, Massachusetts, New York, Pennsylvania, and Minnesota. Similarities and differences of the said states are noted.

A. APPLICATION QUALIFICATION REQUIREMENTS

1. Who may apply for a childcare license?

According to childcare regulations of the said states, anybody, regardless of race, religion, sex, and color, may apply for a childcare license if he or she is:

- at least 18 years of age,
- physically and mentally healthy,
- no criminal convictions except for minor traffic violations,
- able to show proof of rehabilitation if ever convicted,
- free from contagious diseases,
- financially sufficient to maintain childcare standards,
- examined by a licensed physician with negative TB test result.

2. How to apply for a childcare license?

In general, the applicant must:

a. Fill out an application form furnished by the Department or licensing agency. The form usually contains the following information:
   - Applicant's name,
   - Address,
   - Telephone,
   - Statement of criminal record,
   - Statement of safety,
   - Statement of sufficient finances.

b. The applicant may be required to submit other supporting documentation or references. For example, California requires fingerprints of the applicant and adults living in the proposed facility. Texas, New York and Illinois require collateral references not related to the applicant.

c. Submit the complete form and other required documentation to the Department or licensing agency.

d. The Department will conduct an inspection of the proposed facility and an investigation of the applicant's reputation, personal qualifications and financial situation.

e. Within a few weeks after the inspection and investigation, a written letter will be sent by the Department to the applicant regarding the issuance or denial of a license.

f. California, Massachusetts and Virginia requires the applicant to pay an application fee.

3. What to do if an application is denied?

a. A license may be denied if the Department finds that the facility does not meet the safety and/or sanitation standards set by the state or local agency, and that children would be in danger in his or her care. For example, a license may be denied if the applicant or a member of his or her family has been convicted of drug or sexual abuse.

b. After receiving the written notice from the Department regarding the denial of a license, the applicant may request a hearing.

c. The applicant has the right to attend the hearing or to be represented by counsel in the hearing.

d. A commissioner or a panel appointed by the Department will conduct the hearing and report to the Department on fact findings.

4. **What to do to renew a license?**

a. Prior to the expiration of a license, the Department will notify the registrant in writing of the expiration date.

b. The registrant, in order to continue operating his or her childcare facility, must file a renewal application with the Department or licensing agency.

c. If all the requirements are met, the license will be renewed. If there is any correction needed to be made, the Department will notify the registrant in writing what he or she has to do to have the license renewed.

d. If the correction is not made, the Department will deny the renewal.

e. If the renewal is denied, the facility must cease operating or face legal actions against it by the Department.

f. In addition to submitting a renewal form and fee (if required by the state), Minnesota regulations require two or more parent evaluations of a provider's care, the residence, and program prior to renewal of a license.

5. **Under what circumstances is a license denied, suspended, revoked?**

The Department has the authority and responsibility to deny the application or renewal of a license, or to order revocation of a license, if it finds that:

- Children in care are in imminent danger.
- Health and safety of children in care are neglected or ignored.
- Provider's behavior has a negative effect on children in care.
- Provider has been dependent on drugs.
- Provider aids, abets, and/or permits abuse of children.
- Provider fails to comply with state regulations or local regulations for childcare.
- Provider is awaiting trial for a crime.

B. STANDARDS FOR SAFETY AND HEALTH

1. **Major Standards for Safety**

- Never leave children unattended at any time.
- Keep all hazardous substances and dangerous objects from children. Hazardous substances such as cleaning supplies, toxic substances, aerosols, and items with warning labels must be stored in places that children can not reach. Hazardous substances must be kept separately from food and medicines. Dangerous objects such as knives, sharp-edged scissors must be kept so as to be unaccessible to children.
- Guns must be kept in a locked cabinet.
- There must be one working telephone in the home at all times.
- Indoor and outdoor steps and floors must be kept dry and not slippery when used by children.

- Stairs must have handrails within children's handgrasp.
- Remove gas control knobs when not in use.
- Hot water pipes must be insulated or have protective guards.
- Electric outlets in areas reachable by children must have protective caps.
- The swimming pool in the home (if any) must be fenced, and the gate to it must be locked when not in use.

2. **Health Requirements**
   - The provider and each person living in the provider's household must be physically and mentally healthy.
   - The provider and each person living in the provider's household must be physically examined by a licensed physician or health clinic. The physical examination includes a TB test. If the test result is positive, a chest X-ray is required. Any person living in the provider's household must not be allowed to be in direct contact with children, food, and food preparation area if he or she has a communicable disease.
   - A short period of time prior to or after admission, the child's parent must submit to the provider a verification that the child has taken immunizations against diphtheria, tetanus, pertussis, polio, measles, mumps and rubella. The verification signed and dated by a licensed physician or health clinic must also show the type of vaccine, number of doses, and the date the child was given immunizations.

3. **Home Sanitation Requirements**
   - Home, ground, and play areas must be kept clean, free of rats, mice, rodents and other insects.
   - The home must be properly lighted and ventilated.
   - The home must have running water.
   - The home must have at least one toilet, one lavatory, and one bathroom.
   - Toilet tissues, soap, paper towels must be readily available at all times.

4. **When Driving Children**
   - The vehicle must be licensed and in good operational condition.
   - Acquire written permission from each child's parent.
   - Carry liability and medical insurance and a first aid kit.
   - Be sure each child has a car seat, and a seat belt.
   - Passenger capacity of the vehicle must not be exceeded.
   - The driver must hold a current and valid driver's license.
   - Never leave children unattended at any time.
   - Don't make any unnecessary trips.

5. **Fire Protection**
   - Flammable materials must be kept out of reach of children.
   - There must be at least one smoke detector in the home.
   - There must be at least a fire extinguisher in good condition and available for use in the kitchen.
   - There must be at least one adult available in the home who knows how to operate the fire extinguisher.
   - The electric wiring system must be in good repair.
   - Fireplaces and heaters must be screened so they can not be reached by children.
   - Extension cord must not be overloaded.
   - Notify local fire department of the number of children in the facility.
   - There must be a current plan for evacuation.
   - There must be fire evacuation drills so children know what to do in case a fire occurs.
   - There must be at least two exits to the outside of the home. A window can be one of the exits if it can be used safely and quickly by children to get out when a fire occurs.
   - The home must use either a public or private sewage disposal system.

- Garbage in containers having tight lids must be kept away from children, and must be removed whenever necessary to keep the facility clean.
- Yard must be kept free from poisonous plants and trees.

6. **Requirements for Nutrition**
   - Children must be served snacks and/or meals appropriate to the duration of their stay in the facility. Generally speaking, regulations provide that a child attending childcare more than four hours and less than five hours must be served at least one snack.
   - Foods portions should be according to children's ages, sizes, and health condition.
   - Any child who needs a special diet must be provided food as instructed in writing by the child's parent or physician.
   - Food may be brought from home upon written agreement between parent and provider.
   - Food, if brought from home, must be labeled with the child's name and kept in an appropriate place.
   - Every child is encouraged but not forced to eat.
   - Eating time must be sufficient so children are not hurried.
   - Provider will sit with children during meal time.
   - Children must have enough food to permit second helpings.
   - Parents should leave instructions regarding infant feeding time. Infant food should be provided by parents. If not provided, the facility will use a commercially prepared iron-fortified formula.
   - Toddlers and older children must be served each meal with at least one item of the following food groups: Milk, Meat, Fruit and Bread/Cereal.
   - Make mealtimes attractive to children by serving a variety of foods.

C. CHILD ADMISSION

Regulations of the states forbid denial of any child on the basis of color, race, religion, and sex. However, there are some requirements that must be met by parents and the provider before the child is admitted. The facility must not admit more children than its licensed capacity. The capacity of a facility may vary according to the number of infants cared for in the facility.

1. **Prior to Admission**

   Parent or guardian must submit to the provider a written application which includes the following:
   - Name and date of birth of the child.
   - Name, home and work addresses, home and work telephone numbers of parent or guardian.
   - Name, address, and telephone number of the child's physician.
   - Name, address and telephone number of person designated by parent or guardian to contact in case of emergency and when parent or guardian can not be contacted.
   - Any special information concerning the child's health and dietary treatment.

2. **Agreements between Provider and Parent/Guardian**
   - Date of the child's admission.
   - Fee to be charged and plan to pay fee (in cash or check).
   - Times and days the child will be cared for by the facility.
   - Person to whom the child will be released.

3. **Required Health Documentation**
   - The child's health appraisal statement.
   - The child's immunization record.

D. TREATMENT OF CHILDREN

Every child must be treated with love and dignity. If any disciplinary action should be taken against an unacceptable behavior of a child, it should be used as a way to help the child be aware of his or her action or behavior, and help the child develop self-control.

- Rules understandable to children in care will set the limits of behavior to protect children in the facility.
- Discipline must be related to the child's behavior and intended to make the child aware of the unacceptable behavior and the consequences.
- Cruel, harsh, and unusual discipline must not be applied.
- Corporal punishment such as shoving, ear pulling, hair pulling, shaking, kicking, hitting, biting, etc., and emotional abuse which is meant to threaten and humiliate the child or his or her family are prohibited.

E. OTHER REQUIREMENTS

1. License

- License must be displayed in a conspicuous place in the home.
- License can not be transferable.
- License is not valid when the provider moves to another facility.

2. Rights of Parents

- Parent or guardian must be allowed to visit the facility during the time his or her child is in care without prior notice.
- Parent has the right to a conference with the provider regarding his or her child's performance and program of the facility.
- Parent must be provided reports on his or her child's performance in the facility.

3. Insurance

Most of the states require family day care facilities to buy general liability insurance to cover children while they are present in the facility.

IV. HIGH QUALITY CHILDCARE

A. PHYSICAL DEVELOPMENT

Physical development is the growth of the body to include the growth of the small and large muscles which enable the child to perform such movements as sitting, crawling, standing, walking, jumping, and running, and the development of the five senses (seeing, hearing, touching, smelling, and tasting) which enable the child to identify and distinguish one thing from another.

Awareness of physical development helps the provider offer appropriate activities to strengthen the child's body, and promote identification skills. Knowing that a two to three month old baby can turn the head to sounds, the provider can improve the child's hearing ability by providing relevant rattling toys, for example.

Physical development is closely related to intellectual, emotional, and social development. The impairment of

any part of the body will have an impact on the normal growth of a child's intellectual or emotional life. Visual impairment, for instance, can slow the pace of intellectual and conceptual development for it limits access to the normal range and variety of experiences.

A child must learn to control the body until the child reaches adolescence. The provider plays the role of the first PE teacher to show a child how to walk, run, play, and do exercises to keep the child's body balanced and well developed.

1. STAGES OF PHYSICAL DEVELOPMENT.

Though each child develops physically at his or her own rate, children develop in progressive stages. Generally, a child goes through the following stages of physical development:

a. **Stage 1: 0 to 1 1/2 years**

During this stage, a child can:

- hold up head.
- move head toward moving object,
- turn head to sound,
- reach out for object,
- roll over,
- sit up with support,
- sit up by self,
- crawl,
- stand with, then without support,
- wave good-bye,
- feed self with spoon.

b. **Stage 2: 1 1/2 to 6 years**

This stage can be subdivided into two periods:

1) **Toddlerhood: 18 months to 3 years**

During this period, a child can:

- walk while carrying something,
- run,
- jump,
- dance to music,
- throw a ball,
- sort simple objects by color.

2) **Preschool period: 3 to 6 years**

During this period, a child can:

- draw simple pictures,
- use round edged scissors to cut on line,
- hop on one foot,
- climb up or down stairs,
- put on clothes,
- catch soft and light balls,
- put simple puzzles together,

- sorts things by category,
- go to the toilet without help.

c. **Stage 3: 6 to 11 years**

During this stage, a child is able to:
- catch a ball while running,
- jump rope,
- ride a bicycle,
- kick a ball,
- play games with more complicated rules,
- draw with more details,
- tie shoes,
- write,
- cut and paste,
- use tools,
- learn to play musical instruments,
- learn dancing,
- balance body.

2. ACTIVITIES APPROPRIATE TO EACH STAGE OF DEVELOPMENT

Before planning any activity, the provider should be aware of the stage which a child can fit in. Keep in mind that each child develops differently. The activity enjoyed by one child may not be attractive to the others. Don't force a child into any activity that he or she has no interest in. Give the child an alternative.

Provide a safe and interesting environment. Consider the lighting condition. Remove all objects that may be dangerous to children: knives, sharp-edged scissors, rocks etc. Don't give infants objects that they can swallow. Provide enough space so each child can do the activity comfortably.

Provide plenty of activities so a child can choose the one which interests him/her so the child does not have to wait long for his or her turn. Keep in mind that a child's attention span is very short, particularly an infant and toddler.

1. Suggested Activities

a. For Infants: 0 — 18 months

Activities provided in this stage aim at assisting infants to use their muscles and five senses to discover different parts of their bodies.
- Move a colorful toy slowly before the infant so he/she can follow with their eyes.
- Hang a colored, soft toy within the infant's reach so he/she can reach for, hold, and play with it.
- Ring a rattling toy, clap your hand, or call to the infant from different directions so he/she turns head to sound.
- Lay the infant on the stomach. Put a soft and colored toy ahead of the infant so the infant crawls to it.
- Lay the infant on its back so the infant will roll over.
- Encourage the infant to crawl or walk by waving a colored and rattling toy from a short distance.

b. **For Toddlers: 18 months - 3 years**

Activities provided aim to help children learn to balance their bodies, and coordinate their muscles and five senses.

Provide a safe place for the child to run, jump, climb and play.

- Provide push and pull toys for the child to push and pull on a safe floor.
- Provide toy telephone and radio for the child to play with.
- Provide large carton boxes for the child to crawl or walk through.
- Play throwing and catching balls with the child.
- Play hide-and-seek with the child.
- Provide large blocks for the child to build houses with.
- Have the child blindfolded. Let the child smell or taste a familiar, daily used food, and identify the food.
- Have the blindfolded child touch a smooth, familiar and safe object, and identify the object.
- Provide a toy attached to a string for the child to pull in a safe place.

c. **For Preschoolers: 3 — 6 years**

Activities designed for this stage aim to help children become familiar to pair or group games, thus contributing to the development of the idea of sharing and team spirit.

- Children take turns to throw soft balls at a target or into a basket.
- Provide soft balls for children to throw and catch.
- Turn on music for children to dance to it.
- Have a blindfolded child stand in the middle of a circle formed by other children. When a child on the circle says a word, the blindfolded child points to him or her.
- Have the child ride a bicycle.
- Provide scratch papers and color pencils for children to scribble, write, and draw with.

d. **For School age children: 6 — 12 years**

School-age children are interested in more complicated activities. Therefore, activities with some complicated rules may fit their abilities.

- Provide outdoor activities such as playing with sand or water, baseball, tug of war, jump rope.
- Have children play football, swing, slide in a playground with close supervision.
- Provide space for children to dance, or tumble.
- Encourage children to play "pretend" games.
- Show children how to organize activities for younger children.
- Let children organize activities for younger children with the provider's advice and supervision.

3. INDOCHINESE PERSPECTIVE ON GAME ACTIVITIES

Generally speaking, playing is considered as a reward rather than a daily activity in a child's educational curriculum. In other words, Indochinese parents do not regard playing as necessary for the child. A child may be reprimanded if seen playing games when he she has not yet completed their homework.

Girls are not expected to play such rough games as soccer, football, to run or to climb. When not doing school assignments, they are expected to help parents take care of household chores, to learn how to sew, cook, make clothes, etc. Their most favorite game is jump rope.

Very few toys are provided for children to play with. As a result, they have to make their own toys. Indochinese children are good at making toys out of discarded cartons, papers, boxes, clay, wooden sticks.

Climbing and running are not encouraged by Indochinese parents. The reason for their lack of enthusiasm for these two activities, aside from cultural reasons, is the potential danger for children. As said in a Vietnamese proverb: "A fortunate family has children talented in swimming, and an unfortunate family has children interested in climbing!"

Vietnamese parents like playing peek-a-boo with infants, hide-and-seek with toddlers. Preschoolers like to build houses out of blocks, clay or cartoon. School-age boys are fond of hopscotch and leapfrog. School-age girls are more interested in jumping rope.

Indochinese children of the same sex play with each other. A newly arrived child may be embarassed if paired with another child of the opposite sex.

B. INTELLECTUAL DEVELOPMENT

1. DEFINITION

Intellectual development is a process of learning about self, other people, and the world. This process begins with experiences received through physical movement to include muscular movements and the five senses, and continues when the child grows up and acquires more experiences through contacts with people, the living environment and the world.

2. HOW DOES KNOWLEDGE OF INTELLECTUAL DEVELOPMENT HELP?

Influence of the provider on the child is impressive. One way the child learns about the world is through imitation. From infancy, a child imitates those closest to him or her. Among those closest to a child is his or her provider. Therefore, the way a provider acts and behaves contributes greatly to the formation and development of a child's intellectual life.

Awareness of intellectual development helps create a productive learning environment. Knowing that a child's intellectual growth depends largely on what he or she sees, hears, touches, smells, and tastes, a provider can help the child develop by offering as many opportunities as possible to acquire experiences through appropriate activities.

A knowledgeable provider can assist in finding whether a child's intellect is "usual" or "unusual". If a child has difficulty in learning, a provider can find out what kind of difficulty it is, why it occurs, and how to solve it. Knowledge of intellectual development also helps a provider develop confidence in caring for children.

Obviously each child develops intellectually at a different rate. While a five-year-old child can do simple addition, another of the same age may not until he/she is six. Though intellectual growth of each child is different, it grows in stages from the easy functions to the more complicated ones. A provider needs to know how it progresses in order to help a child go from one step to the next one smoothly.

3. STAGES OF INTELLECTUAL DEVELOPMENT

From infancy to adulthood, a child often goes through four stages of intellectual growth.

a. **Stage 1: 0 to 1 1/2 year**

During this stage, a child begins to make acquaintance with the world through his or her manipulation of muscles and five senses. Through direct contact with people and his or her surroundings, a child discovers that he or she is different from them. Gradually, he or she finds out the relationship between one thing and another, for example, the connection between milk and mother. When able to use his or her limited language, the child tries to express his or her feelings.

b. **Stage 2: 1 1/2 to 3 years**

This is a time for rapid intellectual growth due to increased curiosity. Being able to walk, a child may bump into everything. He or she seems never tired of looking at, touching, asking questions about things around, and expects answers. However, the child's way of reasoning is still very immature. In fact, it is not surprising to see a three or four year old boy refuses to change his four quarters for one dollar. He counts on quantity, not on the real value of the object: four is bigger than one!

c. **Stage 3: 3 to 6 years**

During this stage, with increasing experiences along with physical growth, a child is able to find out the cause-effect relationship, to recognize the real value of an object, to have notion not only of the quantity but also of the quality, and to have notion of time. Therefore, a six year old child can change one dollar for four quarters or vice-versa.

d. **Stage 4: 6 years or older**

At this stage of intellectual development, a child approaches adult speaking, thinking, and reasoning. Like an adult, a child in this stage is able to gather information, sort information, and based on this information can establish the relationship between one thing and another to find out the answer to a question or problem.

4. WHAT YOU CAN DO TO HELP A CHILD DEVELOP INTELLECTUALLY?

A child needs not wait until he or she reaches the age of five or six to begin to learn in school. He or she begins to learn from infancy. The provider can help the child to acquire knowledge during the time he or she is in care in a variety of ways.

a. **Make your home a comfortable and attractive environment**

Consider factors that make your home comfortable such as temperature, ventilation, lighting, and noise level. Comfort and attractiveness help to improve participation and develop a positive attitude toward learning. Consider the decor in the home. Furnishing, pictures, posters, educational materials etc., all contribute to stimulate a child's interest in looking at and learning about things.

b. **Involve children in activities**

Remember that children participate in activities that interest them only. Remember also that a child's concentration span is short.

Therefore:

- Don't force the child into any activity in which he or she shows no interest.
- Provide a variety of activities for the child to choose.
- Let the child do the activities him/herself. Don't interfere unless the child asks for help.
- Don't put a time limit on each activity. Remember that the intellectual development of each child is different and that each child's interest in an activity is not the same.
- Let the child repeat the activity if he or she wants to. Repetition is an effective way to remember and discover things.

c. **Provide game activities**

Every child likes game activities. Game activities are also one of the most effective ways to help a child develop intellectually. Through game activities, a child is able to discover self, others, relationship between him or her and other people, or between one thing and another. Through game activities, a child learns to accept other viewpoints, and to compromise. When providing game activities, again, keep in mind that:

- The activities should be appropriate to the ability of each age level, each stage of intellectual development, and each individual interest.
- The activities must be provided under safe conditions.
- The activities should be done by children themselves under the provider's supervision.

d. **Encourage the child to try new activities**

He or she may not be successful on his or her first try. Make the child try again with your encouragement, inspiration, and advice. Remember, however, that too much failure makes the child disappointed and results in a negative attitude toward him or herself.

e. **Help the child develop language skills**

Language development is closely related to intellectual development. The more words the child acquires, the more feelings he or she can express. The provider can help a child acquire and refine his or her language skill by:

- talking to the child,
- telling stories to the child,
- asking the child questions,
- listening to the child,
- answering the child's questions,
- not correcting spelling mistakes the child makes. (The "on-the-spot" correction may make the child afraid of expressing his or her feelings.)

5. TIPS ON INDOCHINESE WAY OF LEARNING

a. **Eagerness for learning**

As a result of their traditional high respect for "learned" people, the Vietnamese are very interested in education. Parents always encourage their children to learn, and are very proud of their children's academic achievements.

b. **Learning in a passive way**

Indochinese children rarely ask questions. In class, they are usually seen sitting quietly and listening to their teachers explaining lessons. They do what they are asked to do by teachers.

c. **Learning by memorizing**

In the old days, students learned by memorizing. In Vietnam, the more words, phrases, sentences, paragraphs or even books a student could memorize, the greater chance he would succeed in examinations which would place them in a high social class. Scholars are respected and admired by every Vietnamese.

d. **Team or group learning is not common**

On the contrary, individual learning is emphasized. Assignments are always given to each individual student.

e. **Importance of grades**

Receiving good grades in academic subjects has a very important meaning not only for the child, but also for the child's family who may look forward to a bright future, high social position for their child, and increase the family's reputation.

f. **Playing is de-emphasized**

Parents are proud of having their child spend holidays reading books, doing math or science assignments rather than play games, even if the child is outstanding in sports.

g. **Quick in imitating**

Indochinese children are very quick in imitating others. You may see this ability in a mixed group of children of different origins including Vietnamese. The Vietnamese child might not know anything about the game. However, in just a few minutes, he can catch up with other children.

C. EMOTIONAL DEVELOPMENT

1. DEFINITION

Emotional development is the growth of human feelings such as happiness, joy, satisfaction, sadness, frustration, anger, jealousy etc. These feelings exist since childhood and continue to develop throughout life.

2. HOW DOES KNOWLEDGE OF EMOTIONAL DEVELOPMENT HELP?

Knowledge of emotional development enables the provider to help a child handle his or her emotions in a constructive way. By being calm and firm, for example, the provider could show a two year old child that a temper tantrum does not help attain his or her desire.

Knowledge of emotional development helps the provider identify common emotional problems faced by most children. Such emotions as fear of the dark, abandonment, jealousy, etc., if not dealt with properly, could have a negative effect on a child's emotional life and behavior.

Knowledge of emotional development also provides the provider with necessary information to identify children with a behavior disorder: impulsivity, hyperactivity etc. The provider who is able to identify either common or special emotional problems faced by a child can find ways to help the child go through the difficulties.

3. STAGES OF EMOTIONAL DEVELOPMENT

Emotional growth and ways of emotional expression differ from one child to another. Some children may get angry at being stopped from doing what they like. Some others just silently walk away. Some children express their feelings freely while others just hold them up inside. Though each child has his or her own emotional life, and develops emotionally in his or her own way, most children go through the same patterns.

a. Infancy

Emotional life of an infant is very simple. The infant feels satisfied with being physically healthy, and well fed. If these primary needs are not met, the infant expresses dissatisfaction through crying, and may not stop crying untill the needs are met.

Around three or four months of age, the child begins to show curiosity about his or her surroundings. A dangling colorful toy, a human face becomes interesting. The infant becomes more expressive and shows pleasure at his or her surrounding through the excitement of being held, talked to, rocked, and played with.

By the age of seven months, due to the infant's increased perception, the infant is able to distinguish one thing from the other, a familiar face from a strange face, for example. Therefore, the child may cry when seeing or being held by a stranger.

b. Toddlerhood

This is an exciting time for a child due to the ability to walk. Toddlers are in constant motion. They never seem to stop running, climbing, touching things, even things they are not allowed to touch.

"No" is usually said by toddlers though "no" sometimes really means "yes". Toddlers seem to challenge the power of their parents. They begin to express themselves as independent individuals.

Toddlers get angry easily at being held, helped, and stopped from doing what they are doing. However, the anger fades away quickly for a toddler' concentration span is very short. A two year old child may turn to his mother in a very loving manner just minutes after furiously showing anger at her.

Toddlers have a temper tantrum when prevented from doing what they are interested in. This explosion of emotion results partly from their lack of language for expression of feelings.

c. Preschool-age

Preschoolers like to talk to and to be listened to by people. This "open-heart" attitude results from their ability to talk. Preschoolers acquire enough vocabulary to express their feelings. As a result, preschoolers are not likely to have tantrums, though their emotions are still fast-changing.

Preschoolers want to do "particular" things to draw attention of their peers and parents, and to show that they

are daring, smart and wonderful. A five year old boy may give his younger sister his toy car he dearly loves if his mother knows how to appreciate his kindness and generosity.

Preschoolers love fairy tales and like to imitate the most admirable character's actions and gestures. This could help explain why preschoolers show great interest in "pretend" games.

Preschoolers are proud of their work, and want to be recognized and complimented or awarded. Paying no attention to their achievements may frustrate them and may discourage them from trying further.

d. School-age

School-age is a time for personal emotion to grow. It is, therefore, rather easy to identify the characteristics of each child.

Emotions are expressed differently by boys and girls. While boys express their emotions in a more aggressive manner, using muscle strength to push, poke, tap etc., girls are more gentle, using words more often.

Friendship flourishes at school age. Children at this stage get excited about friends, particularly best friends. They are willing to talk to their friends rather than to their parents about their feelings. They spend considerable time talking to friends on the phone about what they think, or what they plan to do. They seem no longer to rely on their parents' assistance.

School-age children like to act as though they are mature. Third graders often consider crying as "childish". Boys, particularly, want to act "tough".

School-age brings a lot of excitement for children. Studying for exams, tests, and grades creates different sources of emotions: anxiety, frustration, anger, happiness, or pride. Participation in school activities also contributes to children's emotional development. Children are willing to spend hours anxiously or happily working on their projects or in rehearsals.

4. HOW CAN YOU HELP A CHILD DEVELOP EMOTIONALLY IN A CONSTRUCTIVE WAY?

Emotions are part of a person's life, and one of the most important factors determining his or her success or failure. An optimistic, sociable, self-confident person is more likely to work with enthusiasm than a person with obscure feelings. Consequently, success is more attainable for the former than the latter. As a provider, you must pay attention to each child's emotional expressions in order to help him or her build up positive feelings which are necessary for his or her well-being. Following are some suggestions to help a child develop emotionally in a positive way:

a. Infants

- Give the child a sense of security by showing love, care, and closeness.
- Hold, rock the child. Talk and sing to the child even though the child does not understand the meaning of your words.
- Acquire knowledge of nutrition to feed the child adequately.

b. **Toddlers**

- Relate to toddlers with love, care, patience, and firmness.
- Don't get angry at an angry child. You will suffer from your own anger longer than the child. Remember that the child quickly forgets what he or she was upset about a minute ago.
- Show care, love, and concern but stand firm when the child demonstrates a temper tantrum. Your attitude makes clear to the child that unacceptable behavior will not make him or her successful in what he or she wants. On the contrary, show how effectively his or her positive behavior can help.
- Don't push the child too hard toward completion of the goal you set for a toddler. Too much pressure makes the child frustrated and withdrawn or afraid of you.

c. **Preschoolers**

- Never make fun of the child when he or she comes and talks to you about how he or she feels. Such an attitude may keep the child away from you and may create negative feelings within the child.
- Encourage the child to express him or herself by asking questions, answering the child's questions, and listening to the child carefully. Remember that some kinds of feelings considered as "ridiculous" by adults are, indeed, very significant to a child.
- Save at least a few minutes a day to talk to each child. The one-to-one talk is crucial for the child to develop a sense that he or she is loved and cared for. The one-to-one talk also helps the provider identify the strength or weakness of the child's emotional development.
- Explain to the child that emotions are natural, that everybody has something to fear, to worry about, and to care about. Tell the child about your own experiences of childhood. Your sharing emotional experiences makes the child feel that he or she is "normal".

d. **School-age children**

- Though school-age children act as though they are mature, they still are children and need a lot of help from adults. They still need to be loved, cared for, and encouraged to develop properly. Parents and providers must be available when called upon by children of this age.
- Don't get upset when the child comes to you for help after just recently turning down your offer.
- Respect the child's feelings. This makes the child develop self-confidence. Don't force the child to tell you about his or her frustration. Come to the child as a best friend who wants to share the difficulty. Having someone who is caring and understanding makes the child relieved and motivated toward completion of his or her work.
- When the child confronts difficulties that seem to be unsurmountable, don't blame the child. Use your own experiences to help the child deal with the problems. Tell the child that problems help make people mature, and wiser if they know how to solve them.

5. TIPS ON EMOTIONAL LIFE OF INDOCHINESE REFUGEE CHILDREN

a. **Emotional problems**

Due to life threateaning dangers they suffered on their way to freedom, and difficulties they encountered in refugee camps, a number of Indochinese refugee children may have some emotional problems. Some children may be hyperactive, some, on the contrary, may be withdrawn.

b. **Lack of parental love**

Many Indochinese children came to the United States without their parents. Some came with their relatives instead. They may feel lonely, abandoned, and unwilling to socialize with adults and other children. Recently, thousands of Amerasian children from Vietnam have come to this land. These children might suffer an extremely hard time for they had been discriminated against because of their racial mixture.

c. **Shyness and timidity**

Compared to American children, Indochinese children are more shy. They may be reluctant to join other children in playing games or other activities particularly at the start of school or childcare.

d. **Fear of the dark**

A majority of Indochinese children, especially Vietnamese children are afraid of the dark. This results from the fact that in Vietnam, most children sleep with their parents in the same bed or at least in the same bedroom, and that Vietnamese parents don't want their children to stay outside late in the evening so they frighten them by saying that there is a ghost in the dark which has twelve eyes and carries three bags, each having two handles. The ghost is very fond of taking away children who stay outside after dark.

e. **Cultural conflict**

Indochinese children are caught between the two opposite forces. On the one hand, they are encouraged by caregivers or schools to open up to American society and to practice their rights in a free country. On the other hand, they are taught to abide by their cultures which may be considered as restricting human freedom.

D. SOCIAL DEVELOPMENT

1. DEFINITION

Social development is the development of abilities which enable a person to interact with others. Social skills begin in infancy and continue to develop and improve with age through personal experiences and learning.

2. HOW DOES KNOWLEDGE OF SOCIAL DEVELOPMENT HELP?

The provider's impact on a child's behavior is strong. One way a child learns to interact is through imitation. A child imitates those closest to him or her. Among those closes .c the child is the provider. The provider, therefore, becomes a model for the child to follow. The provider's way o .ating and talking to others contributes significantly to the formation of the child's behavior.

Knowledge of social development helps the provider demonstrate to a child how to relate to others properly in order to be successful in what the child wants by proving to him or her that inappropriate behavior often results in rejection by people.

Awareness of social development helps the provider identify children with social problems. A child who

usually relies on violence to solve problems when he encounters other children must be a major concern for a conscientious and knowledgeable provider.

3. STAGES OF SOCIAL DEVELOPMENT

The child often develops social skills through learning. Of course, each child develops at a different rate according to his or her learning ability, environment or interest. However, a great majority of children go through the following stages:

a. Infancy

Social interaction seems unnecessary for newborn infants who feel comfortable as long as they are healthy, well-fed, and have sufficient sleep.

By three month old, infants begin showing interest in watching people and objects around. They may smile in responding to those who talk to them.

Around seven or eight months of age, children feel very close to people caring for them and express fear of strangers. A child may cry when held or talked to by an unfamiliar face.

Briefly, a child less than one year of age needs to be loved and cared for by parents or caregiver in order to have a sense of security which is crucial for later social development.

b. Toddlerhood

Toddlers are likely to deal with those closest to them though apparently they seem to resist whatever they want them to do.

Toddlers begin expressing themselves as independent individuals. They usually say "no" and show anger at being stopped from doing what they want to do.

Toddlers don't want to share anything. They are possessive and self-centered.

Toddlers are interested in imitating what their parents and caregivers do.

Toddlers's attention span is very short. Therefore, it is not surprising to see a two-year-old child change his or her attitude suddenly. The child may throw away a much loved toy.

c. Pre-school age

By the age of three, a child begins to open up to others. Pre-schoolers are proud and like to talk about their friends.

Pre-schoolers can play in groups. The idea of sharing, compromising, and accepting other viewpoints on the same subject begins to develop.

Pre-schoolers are able to express themselves rather clearly due to their language development. Therefore, the need to talk, or be talked to, become an important part in the life of a five year old child.

Pre-schoolers are also concerned about game competition. Winning a game has a great significance and makes them happy.

d. School-age

School-age children are more open to friendship. Not only are they proud of having best friends, but also of having people working on a team. Team spirit plays a significant part in school-age children. They love to be members of clubs such as Literature Club, Sports Club etc. They can spend hours working together on the school newsletter, talking to each other about a trip, fund raising activities, etc.

While elementary school students still take interest in more complicated toys and games, junior and high school students may spend an excessive amount of time looking for clothes. They like to "show off" to draw attention from other students of the opposite sex, and act as if they are really mature.

4. HOW CAN YOU HELP CHILDREN DEVELOP SOCIALLY?

Social skills are necessary for a person not only to be successful in career and life, it is necessary for development of self-confidence. Many people have gained what they wanted because they know how to deal with and persuade other people. These abilities enable a child to:

- Know how to behave in different situations.
- Know how to express feelings properly.
- Know how to get along with other children and adults.
- Build up self-esteem.
- Ease a tense atmosphere, if any, among children.
- Create a warm and friendly atmosphere.

As a provider, you can do a lot to help children develop and refine their social skills. Your experiences tell you what you can do to help. Following are suggestions which may add to what you have already acquired:

Never make fun of a child when he or she talks or expresses his or her feelings in a childish way. Listen to the child carefully.

Don't try to interrupt a child when he or she is trying to tell you something. Allow the child to complete a statement. This builds confidence in communication skills.

Be consistent in your words and deeds. When you teach a child to say thank-you to those who give him or her something, you have to thank the child when the child gives you something.

Help the child feel good and confident in self by showing your respect for his or her personality.

Be firm, but tolerant and generous. This helps the child build up self-awareness.

Praise a child for his or her achievement, positive behavior or effort.

Compliment or reward the child if he or she does anything good to other children. Don't overpraise.

Talk to the child nicely. Encourage the child to talk to you about his or her feelings, even negative feelings so you can help the child overcome them.

Explain to the child that negative behavior does not help a person attain his or her goal.

E. PLANNING ACTIVITIES

The provider's schedule is filled with activities: activities for children, childcare related activities, and activities for the provider's family. The provider who does not know how to arrange the time for all these activities would hardly do the job effectively and may end up being tired and frustrated. The following suggestions may relieve the burden of childcare work, provide relaxation time and permit the provider to enjoy at least some free time during the weekend.

1. PLANNING ROUTINE ACTIVITIES

There are some activities which take place daily at a fixed time. These activities include snack times, meal times, releasing times, and feeding times of infants. Planning routine activities not only helps the provider know when she is going to do what (time for preparing mid-morning snack for children, for example), but also familiarizes children with organizational skills. It also gives children time to prepare for the oncoming activities. Knowing that meals are always served at 12 o'clock, children may stop playing, wash their hands, and be ready for the table.

2. PLANNING OTHER ACTIVITES

The provider needs to consider the following when planning other activities for children:

- Activities of the day should be planned ahead so children can start doing them as soon as they arrive at the facility.
- Plan which materials or equipment are appropriate for each activity and how much time each activity would take.
- Have all the materials and equipment available in places easily accessible to children.
- Prepare space for each activity (group activity and individual activity as well).
- Prepare inside and outside activities.
- Think of a variety of activities from which children can choose.

Allow flexibility for unexpected occurrences which can change the schedule: a visitor may want to see you when children are playing outside, it rains, the weather turns too cold, etc. If an unexpected thing happens which forces the change in activities, the provider should have substitute activities. These substitute activities should be planned ahead.

3. JOB RELATED ACTIVITIES

The provider may have children in care ten hours a day. Therefore, she can not wait until every child is gone to do such business related activities as record keeping, bookkeeping, assessment of children's performance, self-

assessment, etc. She should take advantage of any opportunity possible to avoid working late at night or during the weekend. The provider can do businees activities during such time as:

a. **Nap time**

This is probably the most convenient time for doing bookkeeping or planning for the following day's activities for children.

b. **Quiet activity time**

When children are doing indoor activities as reading books, looking at pictures, writing letters, building blocks, playing puzzles, or resting. The provider may use these valuable minutes to relax or do some of her related activities.

c. **Child assistance time**

Children are willing to help and are interested in assisting the provider. Let them help you care for the plants, sort out cups, clothes or clean the tables. Remember, however, that children may lose interest quickly, and don't expect them to finish what you thought they would enjoy.

d. **Give children time to put toys and games in appropriate places.**

This saves you a lot of time, and helps children develop organizational skills.

4. **OTHER ACTIVITIES**

a. **Assessment of children**

The provider needs an evaluation or assessment sheet to follow-up with each child's performance. Any progress, positive or negative behavior of each child should be considered and recorded which could show how the child has been doing. The record would provide data for the provider, the child's parent, or a psychologist if the child encounters any difficulty in his or her behavior, or performance or any sudden change in his or her attitude.

b. **Self-assessment of the provider**

The provider herself also needs time to look back at herself to see how well or how badly she has been performing. Certainly caring for children is not an easy job. Dealing with children of different ages, different levels of mental, or physical developments, and different behaviors may be difficult. It is self-assessment which makes the provider aware of herself.

c. **How can the provider assess herself.**

The provider needs to compile a "performance observation" exercise which would show her how she has reacted. This would help to examine why she has reacted to a child's action or behavior. Is there any "special" or "unusual" in her reaction? If the assessment indicates too many "unusual" ratings in the record, the provider may have a problem. She needs to do something as soon as possible to get rid of that problem before it becomes worse. She may need to attend workshops for providers, talk to her friends, colleagues, psychologist etc. The provider can not ignore the problem for if it is not solved in time, it will cause serious damages to her physical, emotional, and social life, and also affect the well-being of children in her care.

F. NUTRITION

Everybody knows that food is necessary for the body's maintenance and development, and that there are different kinds of foods providing different kinds of elements which help maintain good health. Nutritionists have studied foods and recommended the kinds of food the body needs.

1. HOW DOES THE KNOWLEDGE HELP?

A person's physical condition depends largely on the kinds of food he or she consumes. Eating good food makes a person healthy. Lack of nutritious food may result in lack of energy and in diseases. Knowledge of nutrition helps the body to maintain itself and develop.

Physical development affects the emotional, intellectual, and social life of a person. A healthy well-fed person is more optimistic, more active, and more alert than a sick and undernourished person. Good food keeps the body in good condition, thus contributing to the development of emotional, intellectual, and social lives of human beings.

Knowledge of nutrition helps make eating pleasant and helps one to provide meals and snacks prepared with different foods but of the same nutritional quality.

Knowledge of nutrition also helps save money while still providing high quality foods. For example, fish sold at various prices have almost the same amount of nutrients. Therefore, instead of spending more money on expensive fish, one may choose to buy another fish at a lower price.

2. WHAT DOES THE PROVIDER NEED TO KNOW ABOUT NUTRITION?

a. NUTRIENTS

Healthy elements contained in foods are nutrients which are neccesary for the body to function properly and develop. Depending on their effects on the parts of the body, nutrients are divided into the following classes: proteins, carbohydrates and fats, minerals, and vitamins.

b. EFFECTS AND SOURCES OF NUTRIENTS

1) Protein

Innumerable tiny tissues which make up the body are incessantly used up and need to be replaced. Protein is what the body needs to build the body tissues and repair broken down cells. It is, therefore, crucial during early childhood and in adolescence. Proteins are found in meat, fish, poultry, flour and cereals, milk, cheese, eggs, vegetables, fruits, nuts etc.

2) Carbohydrates

Carbohydrates and fats are sources of energy which is necessary for the body to be healthy and active. Though serving as the sources of energy for the body, carbohydrates and fats differ from each other in terms of how long it takes to be consumed. While carbohydrates, including sugar and starches which are available in such foods as sugar, molasses, honey, fruits, oats, corn, rice, are fast burning, fats are slowly digested by the body. Fats are found in butter, magarine, cheese, mayonnaise, sausage, bacon, lard, avocados. Doctors have found that there is a cause-effect relationship between heart problem and cholesterol which is available in animal fat found in eggs, butter, cream etc. This advice should be heeded particularly by those who are overweight.

3) Minerals

Bones and teeth are made largely of minerals. As a result, these substances play an important part in building

healthy bodies. Minerals also help regulate many bodily functions. Calcium, for example, is necessary to keep the reaction of the blood normal, and to have the heart beat normally. Phosphorus, in addition to building bones and teeth, is needed for muscular activities.

Foods rich in minerals are milk, cheese, mustard, broccoli, beets, liver, heart, kidney, beef, pork, soy beans, peas, whole-grain cereals, oysters, mushrooms, molasses etc.

4) Vitamins

Vitamins are essential for bodily growth, and for preventing diseases. Following is a chart showing the functions of each of the six most important vitamins and the sources they come from.

	Functions	Sources
Vitamin A	Body growth and resistance to diseases, healthy skin, normal function of eyes.	Food high in fats: butter, cream, eggs, milk, cheese, green and yellow vegetables and fruits. Very rich in liver of animals.
Vitamin B Thiamin	Develops appetite, develops body, keeps heart and nerves functioning well.	Meat, particularly pork, oyster, soy beans, other beans, potatoes, green vegetables, milk, fowl, whole-grain.
Riboflavin	Resistance to diseases, prevents rapid aging, normal functioning of eyes, bodily growth and healthy skin.	Milk, liver, kidney, meat, soybeans, eggs, green and leafy vegetables, oyster, fowl.
Niacin	Healthy skin and good digestion.	Dairy products, peas and beans, whole grain cereals, green leafy vegetables.
Vitamin C	Healthy vessels and bones, needed for building tissues that hold muscles together.	Oranges, grapefruits, citrus fruits, tomatoes, cantaloupes, strawberries.
Vitamin D	Good for bones and teeth.	Fish liver oil are rich sources of vitamin D.

c. ORGANIZING BALANCED DIETS

1) The four basic groups

To help provide balanced diets, nutritionists organize foods into four groups: milk and milk products, meat,

vegetables and fruits, bread and cereals. Following is a list of major items of each of the four basic groups and sources of nutrients it provides:

Milk group	Milk in any form: cheese, yogurt, ice-cream, custard, puddings etc.	Protein, calcium, phosphorus vitamin A and riboflavin.
Meat group	Poultry, pork, beef.	Chief source of protein, rich source of iron, phosphorus, thiamin and niacin.
Vegetables and Fruit group	Green and yellow vegetables (green pepper, string beans, broccoli, asparagus, peas, carrots, apples, spinach, cucumbers, cantaloupes, pears, grapefruits).	Rich source of iron, calcium, vitamin A, B complex, and C. Help regulate intestinal action.
Bread and Cereal group	Bread of various kinds, rice, crackers, cereals, rye.	Source of starch and protein. Provide energy.

2) **A balanced diet**

The amounts of each item of the four food groups vary according to each person's needs and age level development. Generally, to have a balanced diet, at least one item of the four basic food groups must be included.

The amounts of servings each day for a child are suggested below:

- Milk group: 3 servings, each averages one cup of milk.
- Meat group: 2 servings
- Vegetable and fruit group: 4 servings
- Bread and cereal group: 4 servings

d. **INSURING ADEQUATE NUTRITION**

The following steps should be considered to insure adequate nutrition:

1) **Selection of food**

Try to plan meals a few days in advance to make sure that at least one item of each of the four food groups is included.

Select fresh foods. Remember that foods, especially fruits and vegetables lose much of their value if held too long in the market.

2) **Handling of foods**

Due to exterior conditions such as weather, light, air etc., food can lose their value or can be spoiled. Therefore, they should be cooked as soon as possible.

3) Preparation of foods

In preparing a diet, try to save food values. The following indication could be helpful in conserving nutrients:

- Cook foods high in vitamin C at moderate temperature.
- Cook foods rich in fat at low temperature.
- Cook foods rich in starch in moisture to have starch grain swollen.
- Cook foods containing minerals in small amount of water to prevent loss of nutrients.
- Store foods rich in vitamin in refrigerator.
- Don't expose fruits and vegetables to the sunlight.

4) Serving foods

Make snacks and meals enjoyable by serving a variety of foods while considering the nutritious elements. Keep in mind that the same nutrient can be found in different foods. Therefore, instead of eating beef, one can eat eggs or chicken which sell at a lower price and yet provide the same or almost the same nutrients.

Have children try other ethnic foods to increase their awareness of different cultures and to make eating more exciting.

G. CHILD ABUSE

Although childcare regulations of the states allow disciplinary actions against unacceptable behavior of children, they prohibit harsh punishment and treatment of children. The provider should be aware of the laws designed to protect children, and to report any suspected child abuse to the appropriate authority.

1. WHAT IS CHILD ABUSE?

The abuse occurs whenever an action, gesture, or behavior of a person does physical and / or emotional harm to the child.

- Physical harm may result from corporal punishment such as beating, hitting.
- Emotional harm may be caused by verbal abuse against the child or the child's family.
- Physical and emotional harm may be the result of sexual abuse.

2. HOW DOES THE KNOWLEDGE HELP?

The provider should be aware of when and how to take disciplinary actions which benefit the child, and yet not violate the child abuse laws.

Knowledge of child abuse provides the provider with information on when the abuse may occur, how to identify it, and what to do to prevent it, thus contributing to the children's protection and well-being.

Knowledge of child abuse also helps the provider understand what she must do when an abuse or suspected abuse occurs.

3. HOW TO IDENTIFY CHILD ABUSE?

The following may help the provider identify an abused child:

a. **Physical signs**

If a child is abused physically, unusual marks may be left on the body. Be aware of such signs as

- bruises,
- human bites,
- rope slashes,
- rashes.,

The following signs may help the provider identify whether a child was sexually abused:

- sitting, walking with discomfort.
- pain, itching or bleeding in the genital or anal area.
- injury to the genitals or anus.

b. **Behaviorial signs**

Though not all strange behavior is the result of child abuse, child abuse often results in strange behavior. Therefore, when any or some of the following behaviors or attitudes of a child occurs, parents or provider should take serious consideration:

- withdrawal,
- tiredness,
- regressive infantile behavior,
- fear of eye contact,
- sleeping disturbances,
- nightmares,
- poor appetite,
- poor peer relationship,
- too much parental reliance,
- acting out the abuse with dolls and play.

4. WHAT TO DO WHEN CHILD ABUSE OCCURS ?

a. Laws require that any person providing care for children must report any child abuse or suspected child abuse to the authority. Failure to report results in fine, jail, or both.

b. The provider may contact any of the following agencies when child abuse is suspected:

- Police or sheriff, county department of children, or social services, when the child is abused by an individual.
- Police or sheriff and the State or Local Division of Community Care Licensing when the child is abused in a licensed day care setting.

c. A report on child abuse will be kept confidential by the agencies concerned.

5. HOW TO RELATE TO THE ABUSED CHILD ?

a. Don't blame the child for what happened.
b. Encourage but don't force the child to talk about the incident.
c. Assure the child that it will never happen to him or her again.

d. Assure the child that you love him or her as always.
e. Report to the appropriate authority about the incident.
f. Take the child to the doctor with the parent's permission.

6. HOW TO PREVENT CHILD ABUSE?

Consequences of abuses to a child are unmeasurable. Abuses not only cause immediate damages but also affect the child's emotional and social life in the future. As a provider, you should be aware of these consequences and take precaution against possible abuses caused either by ignorance of the provider herself or by others.

a. Don't shake children, particularly infants. Shaking may cause brain damage or even death to a child.
b. Don't punish children in your care by depriving them of snacks or meals.
c. Don't punish children in your care in such a way that they become afraid of you.
d. Don't let children approach strangers.
e. Don't let children talk to strangers.
f. Don't release a child to anybody not listed in the agreement written and signed by the child's parent or guardian.
g. Encourage the child to talk to you about anything that hurts him or her.
h. Encourage the child to talk to you about any person who wants to use force against him or her.
i. Don't take in more children than your capacity permits.
j. Don't let yourself become stressed. Too much stress can put you in jeopardy which makes you unable to control yourself.
k. Get help from professionals when you feel too tired and depressed.

7. DO INDOCHINESE PARENTS ABUSE THEIR CHILDREN?

Unquestionably, Indochinese parents love and care for their children very much. However, their different concept of child rearing and treatment may cause misunderstanding to those who are not familiar with Indochinese culture. The following observations may help clear up those misunderstandings of child abuse by Indochinese parents.

"Spare the rod, spoil the child" has been legally applied in Vietnam for hundreds of years. This method of punishment to correct a child's bad manner or unacceptable behavior may still be used by some Vietnamese, Cambodian, and Laotian parents living in the United States. It is, therefore, necessary for the provider to remind the parent at the child's admission that corporal punishment is prohibited according to the U.S. law, and that the provider has the responsibility to report to the authority on any form of discipline which causes bruises or any physical harm to the child.

Unlike American children who have their own beds to sleep in, many Indochinese share one bed with their parents. A five, six, or seven year old boy can sleep with his mother. An eight, nine year old girl may sleep with her father or grandfather. This results partly from a close parent-child relationship, partly from the reality that a majority of Indochinese families could not afford to have enough rooms for children.

After the war, many children successfully escaped to this country with their fathers while their mothers were left behind. In the absence of the women, men may do everything their wives had done before for their children:

Changing diapers, dressing, bathing, showering, and having their children sleep with them in the same beds.

One of the most popular ways Vietnamese have used for years to treat influenza or colds is by applying medical oil to the aching part of the body, then using a coin or spoon to scratch that part to remove the pain. Scratching leaves bruises on the body and may prompt some people to report it as corporal punishment.

H. DEALING WITH EMERGENCIES

Although precautionary measures may have been taken, accidents still occur. It is, therefore, necessary for the provider to know how to cope with such cases as quickly and efficiently as possible. Following are typical accidents which may occur in family daycare homes, and some guidances to deal with each situation.

1. Poison inhalation

a. Provide fresh air at once.
b. Avoid breathing fumes.
c. Open wide the doors and windows to let fresh air in.
d. Apply artificial respiration if the victim stops breathing.

2. Poison on skin

a. Take off patient's contaminated clothing.
b. Flush skin with clean and fresh water for about 10 minutes.
c. Wash gently the contaminated area with soap and water.
d. Call local poison center for instruction.

3. Swallowing poison

a. Don't give the victim any medicine. If the victim is conscious, give the victim water or milk to drink.
b. Call a poison center immediately. Have the following information ready:
   - Age and sex of the victim.
   - Your name and telephone number.
   - Name of product taken by victim
   - Amount taken, if known.
   - Time of poisoning occurrence.
   - Any sympton.
   - Your doctor's name.
c. Wait for instructions by the center. Don't administer Syrup of Ipeac unless instructed to do so by the center.
d. The center will tell you whether the victim needs to be taken to the hospital. The center also tells you which is the closest hospital.

4. Bee sting

a. Use a fingernail to scrape the bee's stinger to remove it.
b. Wash the stung area with soap and water.
c. Place an ice pack on the stung area for about 10 minutes. But don't apply ice directly to the skin.

d. Call emergency if any of the following signs are present:
- Breathing with difficulty.
- Unusual swelling.
- Skin rashes spread out.
- Pain and tightness in chest, nose, throat.
- Pulse beats rapidly.
- Nausea or vomiting.

5. **Animal bites**

a. Clean the bite area with clean water and soap.
b. Apply sterile dressing to the bite area.
c. Call emergency.
d. If possible, have with you the animal which caused the bite for rabies testing.

6. **Spider bites and scorpion stings**

a. Clean the bite area or stung area with alcohol to get rid of bacteria.
b. Keep the victim from getting shocked by laying him down. Keep the victim warm.
c. Warm water bath may alleviate pain and relieve muscle cramps.
d. Call emergency.

NOTE: First aid for spider bites and scorpion stings are limited. Contact local poison center as soon as possible.

7. **Snake bites**

a. Tell the patient to be calm and lie down. This helps slow down the articulation and absorption of the poison.
b. Applying a constricting bandage a few inches above the bite area, between the bite and the heart at once.
c. Call emergency immediately.
d. If possible, kill the snake that bit so the doctor or the poison center can identify it and administer proper antivenom serum.

8. **Burns**

a. **Burns caused by heat**
- Burns usually cause shock.
- Burns cause pain. Apply a thick dressing (5 or 6 layers) to the burned area, then cover the burned area with clean and thick materials to exclude air which causes pain.
- Relieving pain can be done by placing a cold, wet towel on the burned area. The burned area could be immersed in ice water if the burn is less than 20% of the body.
- Don't apply any ointment or any kind of medicine to the burned area.
- Call emergency.

b. **Burns of the eyes caused by heat**

Treatment of burned eyes caused by heat must be done with special attention:
- Put a few drops of clean mineral oil, olive oil, or other eye drops into the eyes.
- Cover the eyes with a clean compress.
- Don't let the patient rub his eyes.
- Call emergency.

c. **Chemical burns of eye**

- Immediately flush the eye with a large quantity of clean and fresh water. Don't flush water directly on the eyeball.
- If patient can not open the eyes, hold eyelids apart so water can flow across the eyeball.
- Have patient open and close eyes several times while water is flushed.

d. **Chemical burns on the body**

- Wash off the chemical with a large quantity of water. Don't flush water forcibly because it will cause damages to tissues.
- Strip off clothing that is in direct contact with the burned area to make the washing more effective.
- Contact the local poison center to have instructions on how to neutralize the chemical (Be sure you know what kind of chemical it is).
- Wash the burned area again with clean and fresh water after neutralization of the chemical, then dry it gently with sterile gauge.
- Call emergency.

I. PARENT INVOLVEMENT

The childcare program, as other programs designed for children, will be more successful if they are able to engage the parents' attention and involvement.

Certainly the parent is the main source of information about a child's eating, sleeping, playing, behavior and problems. This source of information makes it much easier for the provider to deal with the child and to set up a relevant schedule for the child.

Through establishing a close relationship with the child's parent, the provider knows clearly what is expected of her and the child, thus possible misunderstanding can be avoided.

Cooperation between the parent and provider helps create a supportive atmosphere for the child's physical, emotional, intellectual, and social development. The child, watching the parent talk merrily or shake hands with the provider, may learn a lot about human relations in a positive way.

1. HOW TO BUILD UP A POSITIVE RELATIONSHIP WITH PARENTS?

The following suggestions may help the provider enhance the parent/provider relationship:

a. **Be aware of what the parent wants of the child and of the provider.**

Of course, any parent wants his or her child to have a safe and sanitary place to live in, a productive and creative environment, to be properly fed, to be cared for and treated by a well-trained and licensed, loving provider.

b. **Make frequent contacts with parents.**

Let the parents know about their child's performance and the changes in behaviorial expressions, both positive and negative. Obviously, it is much easier to let the parents know about how good the child is than how

unacceptably the child behaves.

Choose the right time and the right place when the parent is in good mood, for example.

Don't give the parent an impression that you intend to interfere in his or her privacy, to blame the parent for the child's misbehavior, wrong doings or misconduct, and to lecture the parent on their child's behavior.

Don't talk to the parents about the child's negative behavior in front of other children or children's parents, and don't compare the child's negative behavior with other children's positive behavior.

c. **Make it clear to the parent about your child care policy.**

This helps clear up possible conflict between you and parents due to misunderstandings regarding responsibility. You can make your childcare policy understood in two ways:
1) By a written agreement. It would be better for both parties to reach a written contract regarding such items as time for bringing in and picking up the child, the fee, administration of medicines etc.
2) By oral agreement if a desirable written agreement could not be reached. In this case, be sure that the parent clearly understands what you expect from him or her.

d. **Invite parents to visit your home.**

Parent visitation to the facility helps consolidate the relationship between the provider and the child's family. Invite the child's parent to visit your home even before the parent decides to send his or her child to you for care. This makes the parent confident in your organizational skills. During the time the child is in your care, invite the child's parent to participate in your educational program. Parents' input would be of valuable assistance in establishing a unique educational program for children.

e. **Be sensitive to the financial difficulty of the parent.**

As a businessperson, you have the right to set the rates for the services you provide. However, if you are sensitive to parents who face financial problem, you provide a "golden" opportunity for parents to be accessible to you. Be sensitive to parents who are unemployed, who have more than one child for care, who have low income.

f. **Understanding of and respect for the cultural background of the child's family.**

America is where cultural pluralism flourishes. The children in your care may be members of different cultural groups. Your knowledge of or appreciation for the traditional values of each minority group will gain respect from that group. They may be more willing to cooperate with you. They may even invite you to participate in their cultural activities. You may need to know about:

- the holidays celebrated.
- how and what they do for holidays.
- folklores, folk dances, stories reflecting cultural characteristics.
- origin of the family.
- special things that can be shared with other children (traditional costumes of each ethnic group, ethnic food, pictures of historical scenes, etc.).
- help children in your care understand and appreciate cultures of different ethnic groups. The provider can tell stories or have children tell stories of their own countries.
- if possible, ask parents or grandparents of the child to tell you about some characteristic features of their countries.

J. SOME FEATURES OF INDOCHINESE CULTURE

You may have Indochinese children in your family daycare home. You may, therefore, need to know some features of the Indochinese culture to be able to establish a positive relationship with the parents, and to better understand them. Following are information on Indochinese traditions, practices, and manners which may be helpful for this purpose.

1. VIETNAMESE CULTURE

a. Family Structure

The extended family in which members of several generations live together is the basic unit of the Vietnamese social structure. It is common to have the grandparents, parents and their children, and even some in-laws living together under the same roof.

Family spirit is extremely strong. Every member works for the benefit and reputation of the family. The proverb, "When a horse gets sick, other horses of the same stable don't eat the grass", describes mutual responsibility borne by the members of a Vietnamese family.

The elderly need not fear loneliness and helplessness in their old age for they have a very important role in the family. They are dearly loved, taken care of by their children, surrounded by their grandchildren, consulted in crucial family affairs. A child usually looks to his or her grandparents for protection against being punished by his or her parents.

The head of the family is always a male. Not only does he have the responsibility of providing material necessities for the whole family, he also is liable for the educational success or failure of his children, younger brothers and sisters. Because of the burden pressed on his shoulders, the head of the family is listened to, and respected by his kin folk.

Women usually stay home to take care of their parents, children, younger brothers and sisters. In urbanized areas, influenced by western civilization, many Vietnamese women have been working in factories or offices. Some have very high positions in the government or society. No matter what they are doing or what positions they are holding, they always consider themselves housewives. Their duty remains unchanged: taking care of the household.

Generally speaking, divorce does not occur in Vietnamese society which regards marriage not only as a bond of love but also a family agreement. Besides, the married couple is required to sacrifice their individual happiness for the sake of their children and for the family reputation. It is also noted that in Vietnam, women never filed for divorced.

b. Vietnamese names

Usually Vietnamese names consist of three parts arranged in the following order:

Example:	Family name	Middle name	Given name
	Nguyen	Van	Thang
	Tran	Thi	Ngoc

By looking at the above example, you would see the order of Vietnamese names is different from the American one.

A Vietnamese is called by his or her given name: Mr. Thang, Mrs. Ngoc. A Vietnamese would be confused if addressed by his or her family name. There are millions of people bearing similar family names such as Nguyen, Tran, Le, Ly, Pham, Duong, Dinh, etc.

In the family, children must not call their parents by their given or family names. They simply call them by their titles such as daddy, mommy, grandpa, grandma, brother Thang, sister Ngoc etc. However, the "superior" call the "inferior" by their given names. A married woman likes to be addressed by her husband's given name with title. If Miss Ngoc gets married to Mr. Thang, she is called Mrs. Thang. She may also be called by her given name. On official documents, her full name remains unchanged.

Generally, Vietnamese family names don't have any meaning. Given names, however, do. A person's given name may reflect the family's aspiration, denote a virtue, or simply mark the year the person is born. (Nguyen) Tien Si, for example, depicts the expectation that the boy would get a Ph.D.; (Tran) Thi Dan may reveal the year she was born (the Year of the Tiger or Dan)

c. **Wedding celebration**

In the old days there were lots of rituals before the wedding took place. Nowadays, these rituals have been reduced to three: Making acquaintance with the girl's family (Dam Ngõ), Asking for the girl (Vấn Danh), Wedding (Thân nghinh).

You may see the bride and her mother cry when the girl separates from her birth family to go to her husband's family.

On the wedding day, the couple dresses beautifully. The bride always wears a beautiful red robe (áo dài) over black or white pants. The groom wears either western style suit or Vietnamese traditional robe. The couple are to kneel before their grandparents, parents, uncles, aunts to pay tribute to them, to get their blessings, and to receive gifts, often in gold or cash.

Relatives and friends always give the couple different kinds of gifts. If they are aware of the couple's financial needs, they give them money.

Always there is a banquet to treat relatives and friends to mark the most important event of the couple's life. The newly married couple usually spend the honeymoon at the husband's house.

d. **Holidays**

1) **New Year (Tet)**

New Year celebration takes place between January and February of the western calendar and lasts for at least three days. In the countryside the celebration often lasts longer than in towns.

Everybody is excited at the coming of the new year no matter whether he or she is rich or poor, Christian, Buddhist, or ancestral worshipper. Vietnamese people spend a great deal of time preparing for the coming of the new year or Tet. Many families, particularly rich families, spend weeks or even months for Tet preparation.

One of the pre-Tet ceremonies says "Farewell to the Kitchen God". The Vietnamese want to bribe him so he would report to the King of Heaven good things about the family that he has been in charge of during the year.

Before the coming of Tet, ancestral altars must be cleaned up and decorated with candles, incense sticks, flowers, food and fruits to welcome the deceased family members who are believed to be arriving to visit and give blessings to their beloved ones.

The moment between the old and new year is solemn and exciting. Exactly at twelve o'clock, firecrackers are heard and incense smells are everywhere. Every family member is excited, waiting for the first visitor who is believed to be a good luck carrier for he has been successful, easy going, and a happy person (no woman should be the first visitor!). The first visitor is warmly greeted. He, in turn, wishes the best things to each member of the family, and gives money to all children in red envelopes.

On the first day of the year, children are taken by their parents to greet their grandparents who will give them money which they can spend during the Tet celebration on food, games, or firecrackers.

Tet is the time for people to reunite, visit one another, give gifts to relatives and friends, play games, cards, drink alcohol, enjoy good food. Tet also is the time for expressing gratitude, and forgiveness.

For the first three days, houses should not be swept for sweeping means sweeping away good luck and happiness. Children should not be punished or yelled at, for if they are, they would be unhappy for the rest of the year.

The three wishes all Vietnamese say to each other are happines, prosperity and longevity.

2) **Mid-Autumn festival**

Besides celebrating Tet, Vietnamese people also celebrate the Mid-Autumn festival which has been considered the Day for Children. Children like the Mid-Autumn festival for they have presents, cakes and fruits to eat, and lanterns to hold in exciting processions. Adults also like the festival for they can have a pleasant time drinking tea, eating cake, and enjoying beautiful moonlight. In Vietnamese literature, there are many poems, writings, and songs describing the splendor of the mid-autumn moon.

e. **Manners**

Handshaking is not popularly practiced particularly by the elderly and women. Young Vietnamese men have, however, adapted to this western style.

Don't shake hands with those who you think are older than you unless they offer first.

Slight bowing of the head is a sign of greeting one another. A subordinate greets his or her superior with his or her head deeply nodded, palms facing one another, and fingers interwoven.

Snapping fingers and waving the index finger with the palm up are used to call dogs, not human beings.

Holding hand with the opposite sex is not common. However, this could be done by persons of the same sex without any sexual meaning.

Usually the person who suggests eating out is expected to pay the check for all. "Dutch treat" has never existed in Vietnam.

Asking about age, salary, cost of personal belongings is not considered impolite.

Eating up all the food that is served is not considered good manners.

It is not customary to open a gift when the giver still is present.

When listening to a "superior", one ought not to look straight in his or her eyes. Instead, he must bow his head.

Visitors who come by meal time are always invited to share the food with the family.

When visiting a relative or friend, the person should stay with the relative's or friend's family.

An indirect approach or "beating around the bush" is the Vietnamese way to ask questions.

2. CAMBODIAN CULTURE

a. Family structure

The basic unit of Cambodian society is the family which consists of a married couple and their unmarried children. We often see, however, parents and grandparents live in the same household, particularly in rural areas.

The connection between parents and children is very strong. Mutual assistance is expected of both sides. A child looks upon the parents for support during childhood, and parents rely on their children for help in their old age. The idea of living in a nursing home is quite unfamiliar and threatening to the Cambodian elderly.

Cambodians like a large family. Having many children for them is a blessing. And a family without children is miserable. Members of the family are expected to help each other, to share the same joy and distress. Mutual assistance even extends to remote relatives. A person in need is more likely to borrow money or food from his or her relative than from a person who is not related.

The head of the family is always a male. It is his responsibility to house and feed every member of the family. The husband is assisted by his wife whose duty is heavy as well for the family's prestige depends mostly on her skills to train the chidren, especially, the female ones.. The role of the wife is very important because she is in charge of the family budget. She is minister of interior while her husband is minister of exterior.

b. Cambodian names

The Cambodian name is composed of two parts: family name and given name, and is in this order:

Example:	Family name	Given name
	Kong	Chan (male)
	Noun	Visakhar (female)

If compared to the American name pattern, the Cambodian name is the reverse.

A Cambodian is addressed by his or her given name, and with a title when possible particularly when at work.

For example: Mr. Chan, Mrs. Visakhar etc. It is an insult to call the Cambodian elderly merely by their family names.

A married Cambodian woman may be called by her husband's given name or by her own given name. If Miss Noun Visakhar is married to Mr. Chan, for instance, she may be called Mrs. Visakhar, or Mrs. Chan.

Changing one's family name is not uncommon in Cambodia. Therefore, it is not surprising to see that a child has a family name different from the father's.

c. **Wedding**

The wedding ceremony must be the most memorable for every Cambodian, and is celebrated in an extravagant manner. The wedding is also a time for spending time and money.

Several days before the wedding day the bride's family is extremely busy preparing for the event: The house is decorated, a canopy is built against sunlight or rain. There are a series of rituals on the wedding day following the introduction of the couple's family members and the couple itself. The main purpose of the ritual is to get rid of bad luck (the Hair Cutting, for example) and bring happiness (the Prayer Chanting, for instance) to the couple's married life.

At sunset, hundreds of guests gather around the tables and enjoy themselves with delicious and abundant food at a restaurant or at the bride's house where the couple will stay for their honeymoon, and maybe the rest of their lives.

d. **Cambodian New Year (Chaul Chnam Tmey)**

Cambodian New Year falls in April. This is a time for Cambodian people to pray and to enjoy themselves. Cambodian people celebrate their new year for at least three days starting from April 13 or 14 until 15 or 16.

The exact time for the starting of a new year is determined by an astrologer. The time is believed to conform with the coming of the new Thevada to replace the old Thevada who is going to leave for another duty.

On the first day of the year, to prepare for the arrival of the new deity, people clean and decorate their houses. They place a small altar in front of their houses. A few minutes before the new year begins, candle sticks and incense are lit up, and family members gather at the altar to make their wishes.

On the second day of the new year people go to temples where they build small mounds of sand. The meaning of building sand mounds is to pray that happiness and prosperity are as numerous as kernels of sand in the mounds.

New Year provides the opportunity for outdoor games in which Cambodian girls, who are often confined to their homes, can play with boys. Three popular games during the new year are:

- Teanh Proat: played by two teams of opposite or same sex.
- Chorl Chhoung: throwing ball made out of a scarf between two teams.
- Bach Toeuk: sprinkling water on passers-by.

e. **Manners**

You should't be surprised to see Cambodian people clasp their hands and bow their heads to you. It is their traditional way to greet or say "Hello" to people.

Handshaking is not widely practiced especially by the older generation. Therefore, don't shake hands with the elderly unless they offer their hands first.

Kissing must not be done in public.

Dating is not praticed for marriage is not only the consent of the couple but also of the family.

Cremating instead of burying a dead body is common. Not long ago, the cremation was done in an open space so everybody could see and be aware of the vanity of one's existence, property and richness.

Cambodians have very high respect for Buddhist monks. Boys and men are expected to go and stay in temples for a period of time to learn Buddha's teachings and principles which have been the Cambodian way of living.

Cambodians are friendly and hospitable. Everybody coming by a family at mealtime is always welcomed to share food with the family.

3. LAO CULTURE

Laos, Lao, Laotian. What is the difference?

Laos is the name of the country.

Lao, if used as a noun means a person or an ethnic group which makes up a large majority of the population of the country of Laos. If used as an adjective, Lao denotes the characteristics of the Lao people.

Laotian as a noun means citizen of the country of Laos regardless of what ethnic group he or she belongs to. (There are different minority groups in Laos.)

a. **Lao family structure.**

In Laos, the basic economic unit is the family which usually consists of the parents and their children. Though the nuclear family unit system prevails especially in urbanized areas, extended families are not rare in the countryside where the need for labor requires mutual reliance.

In a Lao family, the head is always a male who assumes the responsibility to provide the necessity for all family members. In villages men work in fields while women take care of households. Lao women are entrusted with planning family activities and keeping the family budget.

The Lao are not afraid of becoming old for old age represents experiences and wisdom.

Theoretically, the deceased parents' property is equally divided among their children regardless of sex difference. The youngest daughter or son usually inherits the house in which the parents lived because he or she took care of them in their old age.

b. **Lao name**

There are two parts in a Lao name with given name placed first, then followed by the family name.

Example:	Given name	Family name
	Vixay	Sihareth
	Phoukham	Soukbandith

Though name order of Lao people is the same as Americans', Lao naming pattern is different. Lao people are called not by their family names but by given names preceded by titles when possible. Mr. Vixay, Mrs. Phoukham, for example.

When a girl gets married, she is called either by her husband's given name or by her own given name. For instance, if Miss Phoukham marries Mr. Vixay, she is called either Mrs. Vixay or Mrs. Phoukham.

Lao people are not possessive of family names. They may change them any time they like.

c. **Holidays and festivals**

The Lao enjoy their present lives though they always try to gain merits for future existence. In Lao, there are a lot of "Boon" or festivals which are celebrated in a lavish manner. Following are some most popular ones:

1) **Lao New Year**

The Lao new year is always celebrated in mid-April, the month believed to bring prosperity and happiness. The celebration lasts for about one week or longer. Three most important days during this time are:

- The last day of the old year (Sangkan Pai Day).
- The day between the old and new year (Sangkan Nao).
- The first day of the new year (Sangkan Kun).

On the last day of the old year, people clean their houses to sweep away the bad and welcome the good. On the first day of the new year, they all go to the temples to bathe the Buddha statues with fragant water. In their prayers, they ask for prosperity and happiness during the year.

New Year is not only an occasion for religious practices but also an opportunity for visiting friends and relatives, enjoying food, drinking spirits, playing games, showing respect and gratitude toward parents and the elders.

2) **Boon Bang Fai (Rocket festival)**

In the old days, this festival was to provoke the Gods so rain would fall by shooting rockets up to the sky. Today, bamboo rocket shooting, though not having its original meaning, still is the most exciting moment in the celebration of the Boon Bang Tai.

3) **Boon Xuang Hua (Boat racing festival)**

The celebration takes place between October and November. In the old days, there was a race between the royal and popular boats. If the royal boat won the race, the people were believed to live in poverty. On the contrary, if the popular boat won over the royal boat, the lives of the people were believed to be happy.

4) Boon That Luang

Boon That Luang is held in the twelfth lunar month, at the time when the moon is full and the harvest is over. Boon That Luang is celebrated in a luxurious way for it draws representatives of all provinces throughout the country.

d. Manners

Shaking hands with older people is not common, with women it is not practiced.

Bow the head slightly to show respect when passing someone.

It is not polite to look straight into the eyes of the person who speaks to you.

Men and women never kiss in public.

Smoking cigarettes is not acceptable for women.

It is an insult for a woman if she is touched by a man in public.

People of opposite sex do not hold hands.

"Face saving" is important in all circumstances.

The body is "sacred", particularly the head, therefore, never touch one's head without permission.

Never touch the "superior" part with the "inferior" part of the body. (the importance goes from top of the head to the feet.)

V. BUSINESS MANAGEMENT

Many people like to talk about business, but only a few actually are in business. Of the few actually in business, a very few are really successful while a majority would think of quitting. What is responsible for the failure? Certainly there are different reasons. However, the leading cause is the lack of business management skills. Business management must, therefore, be seriously considered by every person who wants to engage in business. Before committing yourself to childcare, a type of small business, you should check to see if you are fit for it or not. Answering the questions in the following checklist may help increase your self-awareness.

Are you really interested in doing childcare?
Are you a caring and loving person?
Are you well organized?
Are you financially sufficient to maintain your business?
Are you willing to wait for profits from your business?
Do you know how to do bookkeeping or do you want to learn how to do it?
Do you want to take responsibility?
Do you care about other's opinion?

If your answers are "yes" to all or most of these questions, you may be fit for business.

1. WHY IS BUSINESS MANAGEMENT SO IMPORTANT?

Management skills may be defined as a technique which enables people to handle their work in an effective way. Management skills include four activities which are crucial for the efficiency and success of all sorts of businesses:

Planning

Before doing anything important as building a house or making a long trip, for example, people always set up plans for their activities. The same process is used for starting a business. No businessperson would be successful without knowing what to do. Planning enables a businessperson to see his strength and weakness.

Organization

After working out a plan, a businessperson may begin the venture. However, one needs to know what to start first, and where to start. Management skills help these activities to be well organized.

Direction

This activity shows how to reach the goal set during the planning process. Of course, planning should be flexible to comply with the actual market conditions. As a result, direction must be changed to meet the goal.

Control

Control allows a businessperson to look back at what has occurred and alerts the businessperson to adjust or expand the business.

2. HOW DOES KNOWLEDGE OF BUSINESS MANAGEMENT HELP THE PROVIDER?

a. WHAT KIND OF BUSINESS IS CHILD CARE?

There are three types of business in the United States:

Individual proprietorship

This is the simplest type of business for it belongs to and is run by one person. In other words, the owner of the business also is its financier and manager. As a result, the owner is entirely responsible for the success or failure of the business. The owner is the only one to profit or suffer from the gain or loss of business.

Partnership

The business is owned by more than one person. As a result, each member makes his or her own contribution: finance, property, time, ability. The profit or loss is divided according to the terms of agreement made by the persons involved.

Corporation

This type of business is rather complicated in which those who contribute financially may or may not actually run the corporation. Those who are directly held responsible for the success or failure of the corporation are managers.

By looking at the types of business briefly described above, we recognize that childcare is a sole or individual proprietorship type of business.

b. HOW DOES KNOWLEDGE OF BUSINESS MANAGEMENT HELP THE PROVIDER?

1) The importance of knowledge

Business involves documents. There are some written agreements to be reached between parents and the provider before the child's admission. There may be need for some written reports to the licensing authority. There are other forms involving the child's health condition. All these written documents must be kept in each child's record for different purposes:

- For protecting the provider against possible lawsuits filed by parents if an accident occurs to a child.
- For clearing up possible misunderstandings between the child's parent and the provider regarding any term of the childcare policy.
- For clearly stating the responsibility assumed by both parties.
- For the licensing authority's inspection.
- For keeping track of the child's development.
- For providing adequate services for the child.
- For showing the provider's professionalism.

2) Written agreement

Child care regulations of most states require some forms and agreements be completed and kept in the child's record when the child is admitted into the facility:

a) Form regarding identification information on the child to include:

- Name, date of birth, place of birth of the child.
- Name, address, phone number (home and business) of the child's parents.
- Name, address, phone number of person to contact in case parent can not be reached.
- Date of admission.

b) The written agreement dated and signed by the parent accepting the childcare facility's policy should include:

- Hours and days of operation.
- Time for the child's arrival and departure.
- Fee and plan for payment.
- Payment method (in cash or check, including the parent's responsibility to pay the penalty if checks are returned for insufficient funds.)
- Holidays and other closures.
- Transportation policy.
- Person to whom the child is released.
- Food policy (provided by the facility or brought in).

c) The wirtten agreement dated and signed by parents authorizing the child to participate in field trips to be held by the facility. Permission can be obtained in either way:

- By a separate written permission for each trip.
- By permission for all the trips whenever the child is in care and if parents are notified in advance so they can have enough time to withdraw the child from the planned trip.

d) The written agreement dated and signed by parent or health personnel authorizing the provider to administer the medication to the child includes:

- Name of the child and medicine.

- Dose of medication to be administered as directed on the label.
- Date, time, and amount of medicine administered, and name of the person administering the medicine.

e) Written forms dated and signed by the child's physician regarding:
- The child's health appraisal.
- The child's immunization record to include the type of vaccine, the number of doses, and the date the child was given immunizations.
- The child's health which requires special treatment or diet, if any.
- Others: Report (s) of child abuse if any, report (s) of injuries caused by fire, automobile accidents, animal bites, death etc.

c. RECORD KEEPING FOR BUSINESS PURPOSE

As other businesses, the childcare provider has to file tax forms every year starting from January until Mid-April. Record keeping makes it easier for the provider to do tax filing for it helps her to trace back the amount of money she spent for or received from the business. Being able to keep track of these expenses and income will save a lot of time, and maybe a lot of money. Remember business expenses are tax deductible. Following are tasks the provider needs to do in order to file tax correctly and in a timely manner:

1) Keep all receipts for business expenses which may include:
- Rent or mortgage payments.
- Utilities payments.
- Purchases of office supplies, equipment, materials, and toys used for the facility or by children.
- Expenses for facility improvement and/or repair.
- Expenses for transportation including gas and mileage.
- Expenses for workshop registration.
- Salary paid for helpers, if any.
- Premium paid for insurance of property and children in care.
- Application fee (if required by the state).
- Automobile insurance for children's transportation.
- Expenses for advertisement.
- Purchases of food for children in care.
- Other purchases: soap, cleaning liquid, toilet paper, trash bags, trash cans, First Aid kits etc.

Write down all the expenses on the "expense" column and attach the appropriate receipts to the same page.

2) Keep record of your income.

In the childcare business, income usually comes from two sources:
- Fee collected from parents or guardians.
- Reimbursement from the USDA Food Program.

Write down all sources of income you received in cash and in checks in the "income" column including names of payers, and the amount paid.

3) Spend a little time at the end of the month to analyze your financial situation by adding together all the expenses and income received.

4) Following is an example of a simple form of monthly financial record:

Nguyen Family Day Care Home
Month: November

Date	Expenses		Income		Note
1	Soap	$6.00	Tran	$200.00	
5	Utilities	60.00	Vu	250.00	
12	Insurance	80.00	Hoang	230.00	
20	Food	115.00	Ly	120.00	
26	Field trip	50.00	Dinh	250.00	
27	Napkins	17.00	Le	300.00	
30	Milk	11.00			
	Total	$339.00	Total	$1350.00	
	Net gain:		$1350.00 - $339.00 =	$1011.00	

Your $1350.00 income is taxable.
Your $339.00 expense is tax deductible.

If you keep a record of your montly expenses and income, there is no difficulty to do tax filing. You just simply add up the total expenses together and the total income together. The "expense" column will show you the total amount for deduction, and the "income" column will let you know the total for taxation.

If you want to know how much last year's total gain was, you simply subtract the total annual expense from the annual income. So record keeping not only assists you in organizing business, it also helps you be aware of how your business has been doing, thus providing you with accurate information on its progress or decline. Based on this information, you know what you need to be doing to make your business more prosperous.

3. INSURANCE

a. Why does the provider need insurance?

Insurance for children in the facility is required by most states. The purpose of the law is to protect children against possible damages caused by accidents while in care.

Nobody can assure that accidents will never occur in their homes. Regardless of intensive precautions against accidents, accidents will occur, causing damages to the provider's property and injuring children in care. Therefore, to protect yourself, your property, and children, you need an insurance program to avoid exposing yourself and children in your care to risks.

b. What is a good insurance for the provider?

Before committing yourself to any insurance company, you need to shop around first. Talk to other providers and ask them for advice. Ask different companies for brochures describing their policies. Compare their policies to each other.

A good policy is the one that:
- provides more protection at a low rate or at the same rate.
- provides the same protection at a lower rate.

A good insurance for the provider is the one that covers at least the following:
- bodily injury and death of the provider and any child in care caused by accident of any type.

- medical expenses for the provider if ill, injured, and/or hospitalized.
- immediate medical expenses for any child injured while in care.
- injury to any child while in care no matter where he or she is (inside or outside the house, or on a trip etc.).
- expenses for possible lawsuits filed by parent(s) of the injured child.
- automobile accident while transporting children.
- temporary cessation of business operation due to illness, injury, or death of immediate relative.
- damage to the property of others.

After having obtained insurance for all children in care, you need to let the children's parents know about it. This helps build their confidence in your professionalism. You also need to check to see if they could give you a reduction. There are many companies which offer special rates to professional groups. Ask other providers to find out, or call childcare agencies, to receive information about it. Searching around for a while may save you money!

4. IS CHILDCARE AN APPROPRIATE OCCUPATION FOR INDOCHINESE REFUGEES?

The answer to this question is "yes" for various reasons:

Traditionally, in Vietnam, Lao, and Cambodia, the women's role is to take care of children, not only their own, but also their relatives children when possible. Therefore, they have experience in childcare. Very often, a 10 year old girl knows how to hold, rock, bathe, feed, and put her younger brother or sister to sleep.

Indochinese women are used to staying at home or to work at home. If they are able to earn money, this financial source was considered as extra or additional income, not as a regular family income which is expected to come from the family head.

Indochinese are caring, loving and devoted mothers and sisters. A great deal of stories about their devotion to their children have been told or written. Indochinese women usually think of their children's safety before anything else.

It is customary that Indochinese women are entrusted with the responsibility to plan, carry out, and keep records of family budgets. Even though not familiar with the American way of accounting, they can do the task.

Problems caused by cultural differences, lack of English proficiency and lack of vocational skills needed to compete successfully in the American job market, may contribute to the refugee's desire to stay home and provide childcare.

Certainly Indochinese refugee women have the potential to provide childcare, they need, however, to be shown how to do it properly according to the childcare regulations of each state. Training is, therefore, necessary.

5. FINDING CHILDREN FOR CARE

What can the provider do to obtain children for care? This question should be asked and answered by the provider for it determines the success or failure of her business. Following are some suggestions which may be helpful for the provider to find children more easily.

a. **Facility**

The facility is one of the most important elements to both parents and children.

- The facility must be visible and accessible.
- The facility must comply with safety and sanitary requirements by the state.
- The appearance of the facility should be pleasant and good looking: bright color walls, properly trimmed trees etc.
- A good sign in front of the facility.
- Safe and spacious places for children to do activities.
- Plenty of toys appropriate to age levels of children.
- Inside arrangements: furniture properly arranged, beautiful pictures showing children's performances (playing, reading, writing, drawing, eating, resting with the provider nearby to watch over etc.).
- A quiet place for children to rest, read, write or do quiet activities.
- Lighting and ventilation should be proper.

b. **Provider**

The appearance of the facility will make a visual impression, however, the provider's personality will impress the mind of parents and children. It is the provider who actually cares for the children and help them develop.

Every parent wants his or her child cared for by a provider he or she can trust, a provider who:

- is loving and caring
- is well trained and always wants to improve her career.
- is understanding and sensitive to difficulties of parents.
- is warm and friendly.
- has experiences in her field.
- knows childcare regulations regarding safety, sanitation, and nutrition.
- knows how to deal with emergencies when children are in care.

c. **Charging fee**

As a business person, the provider has the right to set the rate as she wishes. However, an understanding provider is sensitive to families in financial troubles:

- parent has been laid off or disabled.
- parents have more than one child for care.
- single parent with low income.
- family still on public assistance.
- family is the victim of a disaster caused by fire, flood, robbery etc.

d. **Advertisement**

Advertising is considered the most effective way to attract clients. Childcare is not exempted from this common practice. Advertising can be carried out in a variety of ways:

Referrals

Word of mouth referral is the most successful method of advertisement. Those who know you, who have contact with you, are the main agents to help you: your relatives, friends, neighbors, doctors, parents who have children in your care, and children whom you are caring for.

Posters

Posters can be attached in front of your home, in places visible and easily accessible to people in your community such as markets, churches, temples etc., Don't forget to include the most impressive recognition letters from those who acknowledged your devotion, experiences, and reputation.

Flyers

The best time for distributing flyers are on the days when people gather together to celebrate mass in churches or temples, holidays and fairs. Leave flyers on car windshields, give them to passers-by. Again, don't forget the most interesting part of the advertisement is letters by highly respected people in your community, thank-you and recognition letters.

Newspapers

Local newspapers and newsletters can help spread the word about your business if you know how to write an attractive advertisement. Don't give your address and don't set the rate. Just let people know about your experiences, devotion, and activity program for children. In case they want more information, let them contact you by telephone first.

Referral agencies

Each county often has agencies to help place children for care. Have your name, address, and telephone number on the lists of these agencies.

Organizations

There are lots of organizations where you can ask for help. You can ask them to put advertisements on their bulletins.

One thing you should remember: Though you need children for care, never take in more children than is allowed for your facility. It is against the law!

e. **How to find Indochinese children for care?**

Like many refugees of other ethnic groups, Indochinese refugees often concentrate in some areas. Childcare facilities located in these areas usually have more opportunity to find chidren. You should know where these areas are.

Oriental markets, churches and temples are places where Indochinese refugees often gather, particularly on Saturdays, Sundays or their observed holidays (New Year celebration, for example). Take advantage of these places and times to distribute flyers.

Indochinese people have much respect for and confidence in their spiritual leaders. If you are introduced directly by a priest, monk or nun, or if you can secure introduction letters from them, you will be well trusted by the Indochinese community. As a result, Indochinese parents would entrust their children to you.

Highly educated people have very significant influence in their communities. If you have their children in your care, others may be willing to send their children to your facility.

Provide good care. Your reputation will spread very quickly due to the fact that Indochinese refugees often gather together in certain areas and that they know each other very well. In their daily conversations, they would talk about providers who take good care of their children.

Be aware of cultural differences. Make yourself approachable to Indochinese people by showing that you know at least some aspects of their culture (say the word to greet them in their own language, for instance). Be sensitive to their difficulties, particularly financial difficulty, for most Indochinese are low income people.

VI. INDOCHINESE REFUGEE RESOURCE

Refugee assistance has been widely provided at the local, state and federal levels of government and by government supported voluntary agencies and non-profit organizations.

To make the assistance more effective and appropriate to refugees actual needs, many programs have been established, each providing some specific services (occupational training, vocational ESL training, health treatment, childcare training, etc.). They receive financial support from one of the three main sources - federal, state, local - and each, consequently, responsible to the federal, state, or local government respectively.

Following is a list of refugee resources which may provide useful information on refugees, refugees assistance programs, and services offered by such programs.

The list consists of four parts:

Part ONE furnished the names and addresses of the state coordinators whose responsibility includes the monitoring and coordinating of refugee activities within their territories. To obtain information on refugee assistance programs in a state:

a. Look for the region to which the state belongs since the name of a state is not put in alphabetical order but in "region" order. There are ten regional offices established by the government to monitor key components of the state-administered refugee resettlement program. California, for example, is found in Region IX.

b. Contact the contact person.

Part TWO lists the headquarters of three major voluntary agencies which have branches and offer a variety of refugees assistance programs throughout the United States.

Contact the headquarter to find out the location and activities provided by each branch.

Part THREE is a list of centers which develop or have materials on refugee culture, education, health, history, etc.

Contact by phone or write to these centers to obtain materials desired.

Part FOUR is exclusively related to Indochinese refugee assistance programs available in San Diego county:

a. Read the "Resource" column to find out where a program is located.
b. Read the opposite column or "Service" column to obtain a brief description of the program.

Part One

STATE REFUGEE COORDINATION

REGION I

CONNECTICUT

Mr. Joseph Freyre
State Refugee Coordinator
Department of Human Resources
1049 Asylum Street
Hartford, Connecticut 06115 — Tel. (203) 566-4329

MAINE

Mr. David Stauffer
State Refugee Coordinator
Bureau of Resource Development
Department of Human Services
Augusta, Maine 04330 — Tel. (207) 289-5060

MASSACHUSETTS

Dr. Daniel M. Lam
State Refugee Coordinator
Director, MORR
600 Washington Street — Room 405 — Tel. (617) 727-8190
Boston, Massachusetts 02111 — Tel. (617) 727-7888

NEW HAMPSHIRE

Ms. Patricia Garvin
State Refugee Coordinator
Division of Human Resources
11 Depot Street
Concord, New Hampshire 03301 — Tel. (603) 271-2611

RHODE ISLAND

Ms. Lynn August
State Refugee Coordinator
Department of Human Services
275 Westminster Mall, 5th Floor
Providence, Rhode Island 02903 — Tel. (401) 277-2551

VERMONT

Ms. Judith May
State Refugee Coordinator
Charlestown Road
Springfield, Vermont 05156

Tel. (802) 885-9602

REGION II

NEW JERSEY

Ms. Audrea Dunham
State Refugee Coordinator
Commissioner's office
(CN 700)
Department of Human Services
Trenton, New Jersey 08625
Tel. (609) 292-8420

Ms. Jane Burger
Refugee Program Manager
Division of Youth and
Family Service
(CN 717)
1 South Montgomery Street
Trenton, New Yersey 08625
Tel. (609) 292-8395

NEW YORK

Mr. Bruce Bushard
State Refugee Coordinator
Department of Social Services
40 North Pearl Street
Albany, New York 12243

Tel. (518) 474-9629

REGION III

DELAWARE

Mr. Thomas P. Eichler
State Refugee Coordinator
Division of Economic Service
Department of Health & Social Services
P.O. Box 906, CP Building
New Castle, Delaware 19720

Contact person:
Ms. Jane Loper
Tel. (302) 421-6153

DISTRICT OF COLUMBIA

Mr. Wallace Lumpkin
Director, Refugee Resettlement Program
Department of Human Services
801 North Capital Street, N.E., Room 336
Washington, D.C. 20002

Contact person:
Mr. Byron C. Marshall
Tel. (202) 727-5588

MARYLAND

Mr. Frank J. Bien
State Refugee Coordinator
Maryland Office of Refugee Affairs
Department of Human Resources
Rooms 621—625
101 West Read Road
Baltimore, Maryland 21202 Tel. (301) 659-1863

PENNSYLVANIA

Mr. John F. White Jr.
Secretary
Department of Public Welfare
P.O. Box 2675
Harrisburgh, Pennsylvania 17120

Contact person:
Mr. Ron Kirby
Tel. (717) 783-7535

VIRGINIA

Ms. Anne H. Hamrick
State Refugee Coordinator
Virginia Department of Social Services
Blair Building
8007 Discovery Drive
Richmond, Virginia 23288 Tel. (804) 281-9029

WEST VIRGINIA

Mrs. Cheryl Posey
Refugee Coordinator
West Virginia Department of Human Services
1900 Washington Street, East
Charleston, West Virginia 25305 Tel. (304) 885-8290

REGION IV

ALABAMA

Mr. Joel Sanders
State Refugee Coordinator
Bureau for Cash Assistance
Department of Pensions and Security
64. N. Union Street
Montgomery, Alabama 36130 Tel. (205) 261-2875

GEORGIA

Ms. Winifred S. Horton
State Refugee Coordinator
DFCS — Special Programs Unit
Department of Human Resources
878 Peachtree Street, NE., Room 403
Atlanta, Georgia 30309 Tel. (404) 894-7618

KENTUCKY

Ms. Janie A. Miller
State Refugee Coordinator
Department of Public Welfare
Bureau for Social Insurance
275 East Main Street
Frankfort, Kentucky 40621 Tel. (502) 564-3556

MISSISSIPPI

Ms. Carmel Lopez—Lampton
State Refugee Coordinator
Department of Public Welfare
P.O. Box 352
Jackson, Mississippi 39205 Tel. (601) 354-0341 Ext. 221

NORTH CAROLINA

Mr. Robert B. Edmundson. Jr.
State Refugee Coordinator
Family Services Section
Department of Human Resources
325 North Salisbury Street
Raleigh, N. Carolina 27611 Tel. (919) 733-4650

SOUTH CAROLINA

Mr. Tri Huu Tran
State Refugee Coordinator
Agency for Refugee Resettlement
Division of Social Services
P.O. Box 1520
1520 Confederate Avenue
Columbia, S. Carolina 29202—9988 Tel. (803) 758-2996

TENNESSEE

Ms. Martha Roupas
State Refugee Coordinator
Department of Human Services
400 Deaderick Street
Nashville, Tennessee 37219 Tel. (615) 741-2587

FLORIDA

Ms. Nancy Wittenberg
Refugee Programs Administrator
Department of Health and
Rehabilitative Services
1317 Winewood Blvd., Building 1, Room 420 Tel. (904) 488-3791
Tallahassee, Florida 32301

REGION V

ILLINOIS

Mr. Edwin Silverman
Refugee Resettlement Program
Department of Public Aid
Bureau of Social Services
624 S. Michigan Ave., 10th Floor
Chicago, Illinois 60605 Tel. (312) 793-7120

INDIANA

Mr. Robert Igney
Policy and Program Development
Department of Welfare
238 S. Meridian Street, 4th Floor
Indianapolis, Indiana 46204 Tel. (317) 232-2021

MICHIGAN

Ms. Paula Stark
State Refugee Coordinator
Department of Social Services
300 S. Capital Avenue, Suite 711
Lansing, Michigan 48926
Tel. (517) 373-7382

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Program Manager
Department of Social Services
Michigan Plaza Bldg., Suite 462
1200 Sixth Street
Detroit, Michigan 48226
Tel. (313) 256-1081

MINNESOTA

Ms. Jane Kretzmann
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Department of Human Services
Space Center Bldg., 2nd Floor
444 Lafayette Road
St. Paul, Minnesota

Tel. (612) 296-2754

OHIO

Mr. Michael M. Seidermann
Department of Human Services
Program Development Division
State Office Tower, 32nd Floor
30 E. Broad Street
Columbus, Ohio 43215

Tel. (614) 466-5848

WISCONSIN

Mr. Jules F. Bader, Director
Wisconsin Refugee Assistance Office
Department of Health & Social Services
Bureau of Management & Budget
P.O. Box 7851
Madison, Wisconsin 53707

Tel. (608) 266-8354

REGION VI

ARKANSAS

Mr. Curtis Ivery, Executive Director
State Coordinator for Refugee Resettlement
Division of Social Services
Donaghey Bldg., Suite 1300
P.O. Box 1437
Little Rock, Arkansas 72203

Refugee Resettlement
Unit Manager
Ms. Glendine Fincher
Tel. (501) 371-2434

LOUISIANA

Ms. Sybil Willis
State Refugee Coordinator
Office of Human Development
Department of Health and Human Services
1755 Florida Street
P.O. Box 44367
Baton Rouge, Louisiana 70804

Tel. (504) 342-4017

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NEW MEXICO

Ms. Charmaine Espinosa
State Coordinator of Refugee Resettlement
Program Services Bureau
P.O. Box 2348 PERA, Room 518
Santa Fe, New Mexico 87504

Tel. (505) 827-4212

OKLAHOMA

Mr. Robert Fulton
Director, Department of Human Services
Coordinator for Refugee Resettlement
P.O. Box 25352
Oklahoma City, Oklahoma 73125

Refugee Resettlement
Unit Manager:
Mr. Jim Hancock
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TEXAS

Ms. Lee Russel
State Refugee Resettlement Coordinator
P.O. Box 2960
701. W. 51st Street
Austin, Texas 78751

Tel. (512) 450-3448

REGION VII

IOWA

Ms. Nancy Norman
Director
Iowa Department of Human Services
1200 University Ave., Suite D
Des Moines, Iowa 50314 — 2330

Chief Bureau of
Refugee Program
Mr. Marvin Weidner
Tel. (515) 281-3119

KANSAS

Mr. Phil Gutierrez
Refugee Resettlement Coordinator
Department of Social and
Rehabilitation Services
State Office Building
Topeka, Kansas 66612

Tel. (913) 296-2970

MISSOURI

Ms. Patricia Harris
Division of Family Services
Refugee Assistance Program
P.O. Box 88
Broadway State Office Building
Jefferson City, Missouri 65103
Tel. (314) 751-2456

NEBRASKA

Ms. Maria Diaz
Coordinator of Refugee Affairs
Department of Social Services
301 Centennial Mall South
Lincoln, Nebraska 68509
Tel. (402) 471-9200

REGION VIII

COLORADO

Ms. Laurie Bagan
State Refugee Coordinator
Department of Social Services
Colorado Services Program
190 East Ninth Ave., Suite 200
Denver, Colorado 80203
Tel. (303) 863-8211

MONTANA

Ms. Norma Harris
Refugee Resettlement Coordinator
Department of Social and
Rehabilitation Services
111 Sanders
Helena, Montana 59601

Program Manager
Mr. Boyce Fowler
Tel. (406) 444-3865

NORTH DAKOTA

Mr. Donald L. Schmid
Refugee Resettlement Coordinator
Department of Human Services
State Capitol, 3rd Floor
New Office Wing
Bismarck, North Dakota 58505
Tel. (701) 224-4809

Admin. Refugee Services:
Mr. Barry Nelson
P.O. Box 389
Fargo, North Dakota 58107
Tel. (701) 235-7341

SOUTH DAKOTA

Mr. Vern Guericke
Refugee Resettlement Coordinator
Department of Social Services
Kneip Building
700 N. Governors Drive
Pierre, South Dakota 57501 — Tel. (605) 773-3493

UTAH

Mr. Sherman Roquierro
State Refugee Coordinator
Department of Social Services
150 W. North Temple
Salt Lake City, Utah 84103

Program Manager:
Ms. Ann Cheves
Tel: (801) 533-5094

WYOMING

Mr. Steve Vajda
Refugee Relocation Coordinator
Department of Health and Social Services
390 Hathaway Building
Cheyenne, Wyoming 82002 — Tel. (307) 777-6081

REGION IX

ARIZONA

Ms. Linda A. Bacon
Refugee Program Coordinator
Arizona Department of Economic Security
1140 E. Washington, Suite 105
Phoenix, Arizona 85034 — Tel. (602) 229-2743

CALIFORNIA

Ms. Linda McMahon
Director
Department of Social Services
714 P Street
Sacramento, CA 95814
Tel. (916) 445-2077

Program Manager:
Mr. Walter Barnes
Tel: (916) 324-1576

GUAM

Leticia V. Espalden, M.D.
Acting State Refugee Coordinator
Department of Public Health and Social Services
P.O. Box 2816
Government of Guam
Agana, Guam 96910

Contact person:
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Tel. 011-671-472-6649

HAWAII

Mr. Walter W.F Choy
Executive Director
Office of Community Services
State of Hawaii
335 Merchant Street, Room 101
Honolulu, Hawaii 96813
Tel. (808) 548-2130

Assistant Coordinator:
Mr. Dwight Ovitt
Tel. (808) 548-5803

NEVADA

Mr. Michael Willden
Deputy Administrator for
Program & Field Operations
Nevada State Welfare Division
Department of Social Services
2527 North Carson
Carson City, Nevada 89710

Contact person:
Ms. Rota Rosaschi
Tel. (702) 885-3023

REGION X

IDAHO

Mr. David L. Humphrey
Administrator
Division of Field Operations
Department of Health and Welfare
450 W. State Street
Boise, Idaho 83720

Contact person:
Ms. Molly Trimming
Tel. (208) 334-2693

OREGON

Mr. Ron Spendal
State Refugee Coordinator
Department of Human Resources
100 Public Service Building
Salem, Oregon

Tel. (503) 373-7177

WAHSINGTON

Dr. Thuy Vu
State Refugee Coordinator
Bureau of Refugee Assistance
Department of Social and Health Services
Mail Stop 31-B
Olympia, Washington 98504 Tel. (206) 753-3086

Part Two

THREE MAJOR VOLUNTARY AGENCIES

United States Catholic Conference (USCC)
902 Broadway (Floor # 9)
New York, New York 10016
Tel. (212) 460-8077

Church World Service (CWS)
475 Riverside Drive
New York, New York 10115
Tel. (212) 870-2257

International Rescue Committee, Inc., (IRC)
386 Park Avenue
New York, New York 10016
Tel. (212) 679-0010

Part Three

INDOCHINESE RESOURCE CENTERS

Indochinese Resource Action Center
4124 16th Street NW. Suite 404
Washington D.C. 20036
Tel. (202) 667-7810

The National Indochinese Clearing
Center for Applied Linguistics
1611 N. Kent Street
Arlington, Virginia 22209

Part Four

INDOCHINESE RESOURCES IN SAN DIEGO COUNTY

SOCIAL SERVICES	SERVICES PROVIDED
ACCESS 6970 Linda Vista Road San Diego, CA 92111 Tel: (619) 560-8156 (619) 560-0871	Vocational training. Employment opportunities.
ADULT ENGLISH AS A 2nd LANGUAGE 5350 University Avenue San Diego, CA 92105 Tel. (619) 230-2144	ESL training.
TRYOUT EMPLOYMENT PROGRAM 5350 University Avenue San Diego, CA 92105 Tel. (619) 230-2091	Assist refugees in obtaining jobs.
DEPARTMENT OF HEALTH SERVICES:	
1. REFUGEE PREVENTIVE HEALTH SERVICE. 2109 Meadowlark Street San Diego, CA 92123 Tel. (619) 560-3092 (619) 560-2393	General medicine, pediatrics, family planning, health assessment home health visits...
2. PUBLIC HEALTH SERVICES a. Main Public Health Center 1700 Pacific Highway San Diego, CA 92101 Tel. (619) 236-5221	All tuberculosis appointments for refugees.
b. District Health Centers:	
1) East San Diego Health Center 5202 University Avenue San Diego, CA 92105 Tel. (619) 582-6433	Identification and prevention of TB. X-ray newly arrived refugees. Immunizations, venereal disease control Treatment for TB...
2) El Cajon Health Center 113. E. Douglas Avenue San Diego, CA 92105 Tel. (619) 579-4446	

3) Escondido Health Center
606 E. Valley Park Way
San Diego, CA 92025
Tel. (619) 741-4415

4) North San Diego Health Center
2440 Grant Avenue
San Diego, CA 92109
Tel. (619) 274-1223

5) Oceanside Health Center
104 S. Barnes Street
San Diego, CA 92054
Tel. (619) 758-4011

6) South Bay Health Center
263 Fig Avenue
San Diego, CA 92010
Tel. (619) 575-4750

7) Southeast Health Center
3177 Oceanside Boulevard
San Diego, CA 92112
Tel. (619) 236-3095

8) Vista Health Center
831 Williamstone Street
San Diego, CA 92083
Tel. (619) 758-6735

EMPLOYMENT AND TRAINING PROGRAM

1027 Tenth Avenue
San Diego, CA 92101
Tel. (619) 236-4121

Job training & employment opportunities.
Health services, business technical assistance.
ESL & Vocational English training.

INDOCHINESE MUTUAL ASSISTANCE ASSOCIATION (IMAA)

5511 El Cajon Blvd
San Diego, CA 92115
Tel. (619) 583-9811

Adaptation to new society.
Volunteer services: social/cultural activities, translation employment training, vocational English...

LINDA VISTA HEALTH CENTER
6973 Linda Vista Road
San Diego, CA 92111
Tel. (619) 279-0925

Comprehensive family health care.
Low cost health care for low income people not covered by medical or insurance.
Counseling services

INDOCHINESE FAMILY PLANNING OUTREACH & EDUCATION PROJECT
6973 Linda Vista Road
San Diego, CA 92111
Tel. (619) 279-9675

Family planning and health information.
Translation assistance.
Home visits by clients or agency request.

UNION OF PAN ASIAN COMMUNITIES (UPAC):

1. Counseling and Treatment Center
   1031 25th Street
   San Diego, CA 92102
   Tel. (619) 235-4282

   Mental health treatment to Asian individuals and families: crisis intervention, home visits...

2. Refugee Services Cooperative
   1031 25th Street
   San Diego, CA 92102
   Tel. (619) 235-4304

   Training cooperation members.
   Employment for cooperative members.

3. Refugee Occupational Skills Training
   1031 25th Street
   San Diego, CA 92102
   Tel. (619) 235-4304

   Training Indochinese to be custodians or gardeners.

4. Family Day Care Training Program
   1031 25th Street
   San Diego, CA 92102
   Tel. (619) 232-6454

   Another ROST component to train Indochinese to obtain state childcare license.

5. Southeast Asian Developmental Disability Prevention Program
   1031 25th Street
   San Diego, CA 92102
   Tel. (619) 235-4270

   Outreach to Southeast Asians from 0-3 years of age at risk for developmental disability, providing services for them and their families. Also providing to individuals who are developmental disabled at any age...

6. Pan Asian Senior Services
   1031 25th Street
   San Diego, CA 92102
   Tel. (619) 232-6254

   In-home services to frail elderly (60 or older)

7. East Wind Socialization Center
   1031 25th Street
   San Diego, CA 92102
   Tel. (619) 268-4933
   Tel. (619) 232-6254

   Drop-in socialization activities for chronically depressed or mentally ill Southeast Asian adults.

VOLUNTARY AGENCIES (VOLAGS)

UNITED STATES CATHOLIC CONFERENCE (USCC)/CATHOLIC COMMUNITY SERVICES (CCS)
4643 Mission Gorge Place
San Diego, CA 92120
Tel. (619) 287-9454

LUTHERAN SOCIAL SERVICES, IMMIGRATION AND REFUGEE SERVICES (LSS/IRS)
4011 Ohio Street
San Diego, CA 92103
Tel. (619) 284-6724

WORLD RELIEF CORPS (WRC)
Laurel Bible Chapel
4445 Laurel Street
San Diego, CA 92105
Tel. (619) 263-4405

VOLUNTARY AGENCIES EMPLOYMENT SERVICES CONSORTIUM (VESC)
3869 42nd Street
San Diego, CA 92105
Tel. (619) 584-6481

INTERNATIONAL RESCUE COMMITTEE (IRC)
3869 42nd Street
San Diego, CA 92105
Tel. (619) 584-8283

CHURCH WORLD SERVICES (CWSO)/ WORLD COUNCIL OF CHURCH (WCC)
1880 Third Avenue
San Diego, CA 92103
Tel. (619) 286-4335

PRESIDING BISHOPS FUND WORLD RELIEF (PBF/WR)
1740 Robinson Avenue
San Diego, CA 92103
Tel. (619) 298-8493

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